

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

04-28-2003 90339 009 ***150.00

DOCUMENT # N28528



1. Entity Name

MERIDIEN CONDOMINIUM ASSOCIATION OF GAINESVILLE, INC.

Principal Place of Business

**305 N.E. 1ST STREET
GAINESVILLE FL 32601
US**

Mailing Address

**305 N.E. 1ST STREET
GAINESVILLE FL 32601
US**

55041356

2. Principal Place of Business

901 NW 8th Ave.

Suite, Apt. #, etc.

Suite D-5

3. Mailing Address

901 NW 8th Ave.

Suite, Apt. #, etc.

Suite D-5



☐ CHECK HERE IF MAKING CHANGES

City & State

Gainesville FL

City & State

Gainesville FL

4. FEI Number **59-2990976**

Applied For

Not Applicable

Zip

32601

Country

Alachua

Zip

32601

Country

Alachua

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HANKIN, SAMUEL
305 N.E. 1ST STREET
GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name **SAUL SILBER**

Street Address (P.O. Box Number is Not Acceptable)

2130 NW 24 Ave.

Gainesville

City

FL

Zip Code

32605

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

SAUL SILBER, PS

4/21/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** NAME **HANKIN, SAMUEL** ☒ Delete
STREET ADDRESS **305 N.E. 1ST STREET**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **D** NAME **SILVERMAN, HANK** ☒ Delete
STREET ADDRESS **2770 N.W. 43RD STREET**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **SO** NAME **EDINGER, GARY S.** ☒ Delete
STREET ADDRESS **305 N.E. 1ST STREET**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PS** NAME **SAUL SILBER** ☐ Change ☒ Addition
STREET ADDRESS **2130 NW 24 Ave.**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **X** NAME **Alan Behmorhas** ☐ Change ☒ Addition
STREET ADDRESS **Boo Allen RD #8-B**
CITY-ST-ZIP **miami beach, FL 33139**

TITLE **D** NAME **Netty Silber** ☐ Change ☒ Addition
STREET ADDRESS **2130 NW 24 Ave.**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUESTED SILBER

4/21/03

**(352)
338-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)