

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90035 050 \*\*\*\*61.25

**DOCUMENT # N29621**  
 1. Entity Name  
**SANTA BARBARA PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

**% LONG MANAGEMENT CO.**      **% LONG MANAGEMENT CO.**  
**5295 TOWN CENTER RD. STE. 200**      **5295 TOWN CENTER RD. STE. 200**  
**BOCA RATON FL 33486**      **BOCA RATON FL 33486-1080**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

**20580 NW 28 Terrace**      **20580 NW 28 Terrace**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Boca Raton**      **Boca Raton**

Zip      Country      Zip      Country

**33434**      **USA**      **33434**      **USA**

4. FEI Number      Applied For

**65-0142119**       Not Applicable

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

6. Name and Address of Current Registered Agent

**ISAACSON, WILLIAM K**  
**5295 TOWNE CENTER RD.**  
**SUITE 200**  
**BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>BLOCH, RICHARD</b>	
STREET ADDRESS	<b>6373 NW 23RD ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>FURER, STANLEY</b>	
STREET ADDRESS	<b>6246 NW 23 ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>FURER, STANLEY</b>	
STREET ADDRESS	<b>6246 NW 23RD ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	<b>BLOCH, RICHARD</b>	
STREET ADDRESS	<b>6373 NW 23 ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PORTE, CHRISTOPHER</b>	
STREET ADDRESS	<b>20678 NW 28TH AVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President: P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Harold Simon</b>	
STREET ADDRESS	<b>20677 NW 26 AVE</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL. 33434</b>	
TITLE	VICE PRES + SECRETARY VP-S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NORMAN PATOUGH</b>	
STREET ADDRESS	<b>20685 NW 26 AVE</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL. 33434</b>	
TITLE	DIRECTOR D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LARRY GINSBURG</b>	
STREET ADDRESS	<b>6383 NW 24 ST.</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL. 33434</b>	
TITLE	DIRECTOR D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAROLD GREEN</b>	
STREET ADDRESS	<b>6286 NW 23 STREET</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL. 33434</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Harold Simon**      **HAROLD SIMON**      **3/2/2000**      **361-218-2850**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CFR2017 9/99