

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32848

1. Entity Name

OAKBROOK CORPORATE CENTRE PROPERTY OWNERS ASSOCI

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90873 012 \*\*\*\*61.25

Principal Place of Business

C/O BROCK DEVELOPMENT CORP  
1551 FORUM PLACE, BLDG 100  
WEST PALM BEACH FL 33401

Mailing Address

C/O BROCK DEVELOPMENT CORP  
1551 FORUM PLACE, BLDG 100  
WEST PALM BEACH FL 33401-2319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, JEAN  
1551 FORUM PLACE, BLDG 100  
WEST PALM BEACH FL 33401

Name

Peter Brock

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

1551 Forum Place, Bldg. 100

City

West Palm Beach

FL

Zip Code

33401

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

Peter Brock

4/28/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BROCK, PETER	
STREET ADDRESS	1551 FORUM PLACE BLDG 100	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCK, ANDREW	
STREET ADDRESS	1551 FORUM PLACE BLDG 100	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BROCK, PETER	
STREET ADDRESS	1551 FORUM PLACE BLDG 100	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur Kahlenberg	
STREET ADDRESS	1551 Forum Place, Bldg. 100	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence W. Smith	
STREET ADDRESS	701 U.S. Highway One, Suite 402	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Bernick	
STREET ADDRESS	2401 PGA Boulevard, Ste. 280	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

**SIGNATURE REQUIRED**

Peter Brock

4/28/00

(561)684-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)