

2000 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # N34888

1. Entity Name

FEDERATION OF KINGS POINT CONDOMINIUMS, INC.

FILED

00 SEP 29 PM 2:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

200003418002--4

-10/09/00--01011--008

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business

1902 CLUBHOUSE DRIVE
SUITE A
SUN CITY CENTER, FL 33573

Mailing Address

1902 CLUBHOUSE DRIVE
SUITE A
SUN CITY CENTER, FL 33573

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2975259

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GREENE, ROBERT E.
1904 CLUBHOUSE DRIVE
SUN CITY CENTER, FLORIDA 33573

Name BRIAN L. MAY/STERLING MANAGEMENT

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

SUN CITY CENTER, FL 33573

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

Signature typed or printed name of registered agent and date, 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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	HUNT, "PAUL	
STREET ADDRESS	2021 HEREFORD DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	VD	☐ Delete
NAME	CICOTTE, ROY B.	
STREET ADDRESS	702 MASTERPIECE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	SD	☐ Delete
NAME	KLEINMAN, GERALD	
STREET ADDRESS	904 KINGS BLVD.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	TD	☐ Delete
NAME	BROWN, D.C.E.	
STREET ADDRESS	1015 RADISON AVENUE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	D	☐ Delete
NAME	GARING, CALVIN	
STREET ADDRESS	2234 GREENWICH DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	D	☐ Delete
NAME	FIELDS, BARBARA	
STREET ADDRESS	906 HOLFORD COURT	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☐ Addition
NAME	MAGUIRE, SARAH	
STREET ADDRESS	302 ANDOVER PLACE SOUTH	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	D	☐ Change ☐ Addition
NAME	SOLOMON, IRVING	
STREET ADDRESS	2301 LANCASTER DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	D	☐ Change ☐ Addition
NAME	DAVIS, RICHARD	
STREET ADDRESS	909 OXFORD PARK DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
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 the empowered.

SIGNATURE:

Roy B. Cicotte Roy B. CICOTTE 6-27-00 813 633-3620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

KE

8/28