2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N39465** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** YORKSHIRE CONDOMINIUM A ASSOCIATION, INC. 01-19-2000 90003 002 ****61.25 Mailing Address Principal Place of Business 7600 NOB HILL ROAD 7600 NOB HILL ROAD TAMARAC FL: 33321-1829 TAMARAC FL 33321-1829 o EK 2. Principal Place of Business .3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCCAIN, DAVID 700 N.W. 107TH AVE. **MIAMI FL 33172** City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE RIEFS. MARTIN L. NAME NAME STREET ADDRESS 7600 NOB HILL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL Addition ☐ Channe Delete TITLE TITLE NAME SCHRAGER, MARLENE NAME STREET ADDRESS STREET ADDRESS 7600 NOB HILL ROAD CITY-ST-ZIP CITY-ST-ZIF TAMARAC FL Addition X Detete Change TITLE DST DST EVANS, APRYL NAME NAME ROBINSON, SUE STREET ADDRESS STREET ADDRESS 7600 NOB HILL ROAD 7600 NOB HILL ROAD CITY-ST-ZIP CITY-ST-ZIP Tamarac Fl TAMARAC, FL 33321 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.