

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40655

1. Entity Name

NEW RIVER CENTER MAINTENANCE ASSOCIATION, INC.

FILED

00 APR 26 AM 9:54

Principal Place of Business

Mailing Address

C/O AGC
2601 S. BAYSHORE DR., #900
MIAMI FL 33133

C/O AGC
2601 S. BAYSHORE DR., #900
MIAMI FL 33133-5412

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2345 Crystal Dr., Crystal City

3. Mailing Address

2345 Crystal Dr., Crystal City

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Arlington, VA

City & State
Arlington, VA

4. FEI Number
65-0245621

Applied For
Not Applicable

Zip

Country
U.S.A.

Zip

Country
U.S.A.

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

GOLDMAN, JOEL K
C/O AGC
2601 S. BAYSHORE DR., #900
MIAMI FL 33133

Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City Tallahassee FL Zip Code 32301

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 *Deborah D. Skipper*

Deborah D. Skipper
as its agent

4-25-00

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHAPPELEAR, JOHN 200 EAST LAS OLAS BLVD., SUITE 1450 FT LAUDERDALE FL 33301 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD GOLDMAN, JOEL K 2601 S. BAYSHORE DR., SUITE 900 MIAMI FL 33133 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOLDIN, AMY H 2601 S. BAYSHORE DR., SUITE 900 MIAMI FL 33133 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SESSIONS, PATRICK 2601 S. BAYSHORE DR., SUITE 900 MIAMI FL 33133 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT COOK, PAULA 2601 S. BAYSHORE DR. MIAMI FL 33133 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS CAITS, CLARA 200 EAST LAS OLAS BLVD., SUITE 1450 FT LAUDERDALE FL 33301 | <input type="checkbox"/> Delete |

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See-Attached |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700003226597--0 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Deborah D. Skipper* Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-00 703-769-1376

CR2E037 (9/99)

ATTACHMENT TO 2000 UNIFORM BUSINESS REPORT

DOCUMENT NO: N40655

NEW RIVER CENTER MAINTENANCE ASSOCIATION, INC.

2. Principal Place of Business

New River Center Maintenance Association, Inc.
c/o Smith Property Holdings Las Olas Tower LLC
2345 Crystal Drive, Crystal City
Arlington, VA 22202
Attn: Mr. Thomas B. Malone

3. Mailing Address of Business

New River Center Maintenance Association, Inc.
c/o Smith Property Holdings Las Olas Tower LLC
2345 Crystal Drive, Crystal City
Arlington, VA 22202
Attn: Mr. Thomas B. Malone

11. Officers/Directors

Alfred G. Neeley, President and Director
New River Center Maintenance Association, Inc.
c/o Smith Property Holdings Las Olas Tower LLC
2345 Crystal Drive, Crystal City
Arlington, VA 22202

Thomas B. Malone, Vice President and Director
New River Center Maintenance Association, Inc.
c/o Smith Property Holdings Las Olas Tower LLC
2345 Crystal Drive, Crystal City
Arlington, VA 22202

W.D. Minami, Secretary, Treasurer and Director
New River Center Maintenance Association, Inc.
c/o Smith Property Holdings Las Olas Tower LLC
2345 Crystal Drive, Crystal City
Arlington, VA 22202



ACCOUNT NO. : 072100000032

REFERENCE : 674161 4144A

AUTHORIZATION : *Patricia Hickey*

COST LIMIT : \$ 61.25

ORDER DATE : April 25, 2000

ORDER TIME : 11:08 AM

ORDER NO. : 674161

CUSTOMER NO: 4144A

CUSTOMER: Felicia Hickey, Legal Asst
Holland & Knight
Suite 3000
701 Brickell Avenue
Miami, FL 33131

NON-PROFIT UBR/CHANGE OF AGENT

NAME: NEW RIVER CENTER MAINTENANCE
ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

RECEIVED
00 APR 25 PM 12:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA