

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43508

1. Entity Name

IMAGES AT PEMBROKE POINTE CONDOMINIUM NO. 18B AS

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90129 024 \*\*\*\*61.25

Principal Place of Business

UNITED COMMUNITY MANAGEMENT  
3300 UNIVERSITY DRIVE #405  
CORAL SPRINGS FL 33065  
US

Mailing Address

UNITED COMMUNITY MGMT  
3300 UNIVERSITY DRIVE #405  
CORAL SPRINGS FL 33065-4130  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0294527

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

UNITED COMMUNITY MGMT CORP  
3300 UNIVERSITY DRIVE  
#405  
CORAL SPRINGS FL 33065

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

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 SD  
NAME RUSSELL, REBECCA  
STREET ADDRESS 400 NW 108 TERR  
CITY-ST-ZIP PEMBROKE PINES FL 33026

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME DELGROSSO, THOMAS  
STREET ADDRESS 521 NW 108 TERR  
CITY-ST-ZIP PEMBROKE PINES FL 33026

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD  
NAME BRIGHAM, KIMBERLY  
STREET ADDRESS 405 NW 108 TERR  
CITY-ST-ZIP PEMBROKE PINES FL 33026

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Rebecca Russell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-00

Date

Daytime Phone #

CR2E037 (9/99)