

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N43524**

1. Entity Name

BAY HARBOR ISLANDS CIVIC ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 546258
BAY HARBOR ISLANDS FL 33154
US

Mailing Address

PO BOX 546258
BAY HARBOR ISLANDS FL 33154-0258
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SHORT, ALAN
9665 BAY HARBOR TERRACE
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

TITLE PD ☐ Delete
NAME COHN, PETER
STREET ADDRESS 1080 99TH STREET
CITY-ST-ZIP BAY HARBOR ISL FL

TITLE D ☐ Delete
NAME WALLACE, ILEENE
STREET ADDRESS 9300 W. BAY HARBOR DRIVE
CITY-ST-ZIP BAY HARBOR ISL FL

TITLE D ☐ Delete
NAME KROOP, CEIL
STREET ADDRESS 9240 W. BAY HARBOR DR. #6A
CITY-ST-ZIP BAY HARBOR ISL FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME COHN, PETER
STREET ADDRESS 9225 Collins Avenue
CITY-ST-ZIP Surfside, FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

1-10-2000(305)866-607

CR2E037 (9/99)