

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90040 020 ***61.25

DOCUMENT # **N47706** ✓

1. Entity Name

ABBEY PARK TOWNHOUSE PROPERTIES H/A, INC.

Principal Place of Business

P.O. BOX 18296
WEST PALM BEACH, FL
33416

Mailing Address

P.O. BOX 18296
WEST PALM BEACH

00063422

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0316298

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

LINDA OWENS
1787 ABBEY RD
W. PALM BCH, FL 33415

7. Name and Address of New Registered Agent

Name **STEVEN TUCKER**

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

1915 ABBEY RD

City **WEST PALM BEACH**

State **FL**

Zip Code **33415**

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.

STEVEN V. TUCKER, PRESIDENT

5-15-00

(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 **LINDA OWENS**
 STREET ADDRESS **1787 ABBEY RD**
 CITY-ST-ZIP **W.P.B., FL 33415**

TITLE **SD** ☒ Delete
 NAME **HILDA FINNAN**
 STREET ADDRESS **1829 ABBEY RD**
 CITY-ST-ZIP **W.P.B., FL 33415**

TITLE **TD** ☐ Delete
 NAME **SHIRLEY SINOT**
 STREET ADDRESS **1799 ABBEY RD**
 CITY-ST-ZIP **W.P.B., FL 33415**

TITLE **M** ☒ Delete
 NAME **CHRIS LEDUC**
 STREET ADDRESS **1905 ABBEY RD**
 CITY-ST-ZIP **W.P.B., FL 33415**

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 **STEVEN TUCKER**
 STREET ADDRESS **1915 ABBEY RD**
 CITY-ST-ZIP **W. PALM BCH, FL 33415**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **DOROTHY FOWLER**
 STREET ADDRESS **1869 ABBEY RD**
 CITY-ST-ZIP **W. PALM BCH, FL 33415**

TITLE **AVPD** ☒ Change ☐ Addition
 NAME **SHIRLEY SINOT**
 STREET ADDRESS **1799 ABBEY RD**
 CITY-ST-ZIP **W. PALM BCH, FL 33415**

TITLE **TD** ☐ Change ☒ Addition
 NAME **DOROTHY FOWLER**
 STREET ADDRESS **1869 ABBEY RD**
 CITY-ST-ZIP **W. PALM BCH, FL 33415**

TITLE **SD** ☐ Change ☒ Addition
 NAME **KELLY STANLEY**
 STREET ADDRESS **ABB EY RD**
 CITY-ST-ZIP **W. PALM BCH, FL 33415**

TITLE **M** ☐ Change ☒ Addition
 NAME **THOMAS LANDERS**
 STREET ADDRESS **1813 ABBEY RD**
 CITY-ST-ZIP **W. PALM BCH, FL 33415**

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:

Steven V. Tucker **STEVEN V. TUCKER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

Date

Daytime Phone #

5-15-00

561-964-7707

CR2E037 (9/99)