

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50043

1. Entity Name

GREATER SOUTH COUNTY ROAD ASSOCIATION, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90149 032 ****61.25

Principal Place of Business

223 SUNSET AVE. #200
PALM BEACH FL 33480

Mailing Address

223 SUNSET AVE. #200
PALM BEACH FL 33480

2. Principal Place of Business

PO Box 2648

3. Mailing Address

PO Box 2648

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Beach, FL

City & State

Palm Beach, FL

4. FEI Number

65-0594701

Applied For

Not Applicable

Zip

33480

Country

Zip

33480

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

SMALL, LISA S ESQ
324 ROYAL PALM WAY
SUITE 231
PALM BEACH FL 33480

Name

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

440 ROYAL PALM WAY, #104

City

Palm Beach,

FL

Zip Code

33480

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
After September 13, 2000 min. will be \$236.25

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	DELETE
PD	FRANKS, CHRISTINE	125 WORTH AVE., STE. 220	PALM BEACH FL 33480	<input checked="" type="checkbox"/>
VPD	KOOS, LOMON PHD	361 SOUTH COUNTY ROAD	PALM BCH. FL 33480	<input checked="" type="checkbox"/>
TD	GARCIA, BARBARA C	411 SOUTH COUNTY ROAD	PALM BCH. FL 33480	<input checked="" type="checkbox"/>
SD	DEYERMOND, JEAN	450 ROYAL PALM WAY	PALM BCH. FL 33480	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	LISA SMALL	440 ROYAL PALM WAY #104	PALM BEACH, FL 33480	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	PATRICIA L. SANS	249 ROYAL PALM WAY	PALM BEACH, FL 33480	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Michele HARDCASTLE	255 S. County Rd.	Palm Beach, FL 33480	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	JEAN DEYERMOND	7108 FAIRWAY DRIVE, SUITE 235	PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	DR. GREGORY K BOYAJIAN	235 PERUVIAN AVE.	PALM BEACH, FL 33480	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00

(Seal)
833-1100
Date Daytime Phone #

CR2E037 (5/00)