

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90007 039 ****61.25

DOCUMENT # N50043

1. Entity Name

GREATER SOUTH COUNTY ROAD ASSOCIATION, INC.

Principal Place of Business

PO BOX 2648
 PALM BEACH FL 33480

Mailing Address

PO BOX 2648
 PALM BEACH FL 33480

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0594701

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SMALL, LISA S ESQ
440 ROYAL PALM WAY #104
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

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
After September 12, 2001, 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Small	
STREET ADDRESS	440 Royal Palm way, #104	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Sans	
STREET ADDRESS	249 Royal Palm way	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aileen Corvo	
STREET ADDRESS	251 Royal Palm way	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregory Boyajian	
STREET ADDRESS	235 Peruvian Avenue	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/01

561-833-1100

CR2E037 (5/01)