

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N93000003395**
 1. Entity Name **PAULSON DRIVE WAREHOUSE CONDOMINIUM ASSOC. INC.**

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90027 021 ****61.25

Principal Place of Business **18380 PAULSON DRIVE**
PT. CHARLOTTE FL.
33948

Mailing Address **Cathie Grossman**
Southwind
1650 W. Marion Ave. Apt. 133
Punta Gorda, FL 33950

00021780

2. Principal Place of Business **18380 PAULSON DRIVE**
 Suite, Apt. #, etc. **PT. CHARLOTTE**

3. Mailing Address **1650 W. MARION AVE**
 Suite, Apt. #, etc. **APT. 133**

City & State **PT. CHARLOTTE**
 Zip **33948** Country

City & State **PUNTA GORDA**
 Zip **FL. 33950** Country

DO NOT WRITE IN THIS SPACE
105-04495606
 4. FEI Number **NOT APPLICABLE**
 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GROSSMAN, CATHIE
1650 W. MARION AVE.
APT. 133
PUNTA GORDA, FL 33950

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 **CATHIE GROSSMAN P.D.** *Cathie Grossman* **2/08/2000**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P.D. GROSSMAN, CATHIE <input type="checkbox"/> Delete 24166 YACHT CLUB BLVD. PUNTA GORDA FLA 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.S. WOLFF, DIANE P. <input type="checkbox"/> Delete 2813 CABARET ST. P.C. FL. 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.T.V. WOLFF, DARLEEN <input type="checkbox"/> Delete 24166 YACHT CLUB BLVD. PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Cathie Grossman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Southwind 1650 W. Marion Ave. Apt. 133 Punta Gorda, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.S. WOLFF, DIANE P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1250 W. MARION AVE. # 143 P.G. FL. 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.T.V. WOLFF, DARLEEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1250 W. MARION AVE #243 PUNTA GORDA FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **CATHIE GROSSMAN P.D.** *Cathie Grossman* **2/8/2000 (94) 255-1927**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)