

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90034 041 ****61.25

DOCUMENT # N93000004127

1. Entity Name

REGENCY COURT (WOODFIELD) MERCHANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1801 N. MILITARY TRAIL
 STE. 150
 BOCA RATON FL 33431**

**1801 N. MILITARY TRAIL
 STE. 150
 BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0436288**

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRAMMELL CROW COMPANY
 1801 N. MILITARY TRAIL
 STE. 150
 BOCA RATON FL 33431**

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

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 **D** ☒ Delete
 NAME **BODENDORF, MICHAEL**
 STREET ADDRESS **1801 N. MILITARY TRAIL, STE 150**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ Change ☒ Addition
 NAME **JACK RUDMAN, JACK**
 STREET ADDRESS **1801 N. MILITARY TRAIL, STE 150**
 CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **D** ☐ Delete
 NAME **FRONSTIN, CARY**
 STREET ADDRESS **1801 N. MILITARY TRAIL, STE 150**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **D** ☐ Delete
 NAME **MULLER, ELLEN**
 STREET ADDRESS **2103 S.W. 20TH CIRCLE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

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

TITLE **PD** ☒ Delete
 NAME **LANER, DAVID B**
 STREET ADDRESS **5400 LBJ FREEWAY / LB2**
 CITY-ST-ZIP **DALLAS TX 75240**

TITLE **PD** ☐ Change ☒ Addition
 NAME **HARRELL, STEVE**
 STREET ADDRESS **5400 LBJ FREEWAY / LB2**
 CITY-ST-ZIP **DALLAS, TX 75240**

TITLE **S** ☒ Delete
 NAME **TISCHLER, PAM**
 STREET ADDRESS **1801 N. MILITARY TRAIL, STE 150**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **S** ☐ Change ☒ Addition
 NAME **HORNE, JANET**
 STREET ADDRESS **1801 N. MILITARY TRAIL, STE 150**
 CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Delete
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02

Date

561 394 8197

Daytime Phone #

CP2E037 (9/01)