

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 an**  
**Secretary of State**

02-08-2000 90053 040 \*\*\*\*61.25

**DOCUMENT # N94000001366**

1. Entity Name

**EAGLE RIDGE AT LAUDERHILL ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5143 NW 87TH TERRACE  
 LAUDERHILL FL 33351  
 US

5143 NW 87TH TERRACE  
 LAUDERHILL FL 33351-4879  
 US

80014061

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

65-0527452

Applied

Not Applied

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

SUSAN P BAKALAR PA  
 2240 SW 70TH AVE UNIT D  
 DAVIE FL 33317

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DP  
 MOLINARI, BRUNO  
 5171 NW 87TH TERRACE  
 LAUDERHILL FL ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DVS  
 CASIS, GLORIA  
 5187 NW 87TH TERR  
 LAUDERHILL FL 33351 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DT  
 KIKER, MAX  
 5143 NW 87TH TERRACE  
 LAUDERHILL FL ☐ Delete

TITLE  
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☐ Change ☐

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

MAX A. KIKER

1/29/00 305/216-87

Date

Daytime Phone #