

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005448(5)

1. Entity Name

Atrium in the Grove Condominium Association, Inc.

FILED

00 JUN -5 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3043-3045 Orange Street

2. Principal Place of Business

c/o Arvida Realty Services

3. Mailing Address

c/o Arvida Realty Services

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12695 South Dixie Highway

12695 South Dixie Highway

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33156

USA

33156

USA

4. FEI Number

65-0338072

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

Name

Ray, Barbara

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

c/o Arvida Realty Services

12695 S. Dixie Highway

City

Miami

FL

Zip Code
33156

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

Barbara Ray CAM
Signature, typed or printed name of registered agent and title if applicable.

Barbara Ray, CAM, as Property Manager

4/24/00

(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 ☐ Delete

D
Ferguson, Danyell
3047 Orange Street
Coconut Grove, FL 33133

TITLE NAME ☐ Delete

D
Boulet, Fabrice
3043 Orange Street
Coconut Grove, FL 33133

TITLE NAME ☐ Delete

D
Isles, David
3045 Orange Street
Coconut Grove, FL 33133

TITLE NAME ☐ Delete

D
Laird, Judson Francis
3049 Orange Street
Coconut Grove, FL 33133

TITLE NAME ☐ Delete

D
Silver, Kenneth
3045R Orange Street
Coconut Grove, FL 33133

TITLE NAME ☐ Delete

Property Manager
Barbara Ray
12695 S. Dixie Highway
Miami, FL 33156

TITLE NAME ☐ Change ☐ Addition

400003307944-3
-06/28/00--01070--010
*****297.50 *****297.50

TITLE NAME ☐ Change ☐ Addition

400003307944-3
-06/28/00--01070--010
*****297.50 *****297.50

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-06/28/00--01070--010
*****297.50 *****297.50

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:

Barbara Ray CAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA Ray, Prop 4/24/00 (305) 235-3411 x23
Date Daytime Phone #