

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004537

1. Entity Name

GRAND CAY ESTATES AT BOCA HIGHLAND YACHT BASIN P R

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90074 022 \*\*\*\*61.25

Principal Place of Business

1500 PASCAY PL  
 MANALAPAN FL 33462  
 US

Mailing Address

2240 SW 16TH PL  
 BOCA RATON FL 33486-8560  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1500 PASLAY PL

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Manalapan FL

City & State

Zip 33462

Country USA

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

WEXELMAN, HOWARD  
 1018 GRAND COURT  
 HIGHLAND BEACH FL 33487

7. Name and Address of New Registered Agent

Name Wexelman Howard  
 Street Address (P.O. Box Number is Not Acceptable)  
1500 PASLAY PL  
 City Manalapan FL Zip Code 33462

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 Stuart Wexelman Dr. of CO.  
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	
TITLE	D <input type="checkbox"/> Delete
NAME	WEXELMAN, HOWARD
STREET ADDRESS	<del>1500 PASCAY PL</del>
CITY-ST-ZIP	MANALAPAN FL 33462
TITLE	D <input type="checkbox"/> Delete
NAME	WEXELMAN, STUART
STREET ADDRESS	<del>1500 PASCAY PL</del>
CITY-ST-ZIP	MANALAPAN FL 33462
TITLE	D <input type="checkbox"/> Delete
NAME	PIERCE, KENNETH
STREET ADDRESS	1016 GRAND COURT
CITY-ST-ZIP	HIGHLAND BEACH FL 33487
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1500 PASLAY PL
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1500 PASLAY PL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Stuart Wexelman 1.4.00 561/547-1767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)