

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005438

1. Entity Name

SAPPHIRE SHORES RECREATION ASSOCIATION, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90001 045 ****61.25

Principal Place of Business

Mailing Address

C/O PINES PROPERTY MGT.
17794 SW 2ND ST
PEMBROKE PINES FL 33029
US

C/O PINES PROPERTY MGT.
P.O. BOX 820100
SO. FLORIDA FL 33082-0100
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0681794

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, THOMAS R JR.
C/O PINES PROPERTY MGT.
17794 SW 2ND ST
PEMBROKE PINES FL 33029

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 PD ☐ Delete
NAME RUEGER, ERIC L
STREET ADDRESS 1828 SW 175TH AVE
CITY-ST-ZIP MIRAMAR FL 33029

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

TITLE VPD ☐ Delete
NAME SANCHEZ, JAVIER
STREET ADDRESS 2243 SW 173RD AVE
CITY-ST-ZIP MIRAMAR FL 33029

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

TITLE SD ☒ Delete
NAME LENNIE, ANDREW
STREET ADDRESS 17471 SW 19 ST
CITY-ST-ZIP MIRAMAR FL

TITLE ☐ Change ☒ Addition
NAME D S/T
STREET ADDRESS DAVIS, MARTIN
CITY-ST-ZIP 17443 SW 19 ST
MIRAMAR FL 33029

TITLE TD ☒ Delete
NAME AYALA, PERLA
STREET ADDRESS 17343 SW 22 ST
CITY-ST-ZIP MIRAMAR FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

305-364
4/19/2000 4291

Date

Daytime Phone #

CR2E037 (9/99)