

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003339

1. Entity Name

LOOP ROAD MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1375 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33442

1375 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33442

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

65-0692302

Applied For

Not Applicable

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

ANDERSON, LARRY
1375 W. HILLSBORO BLVD
DEERFIELD BEACH FL 33442

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
NAME ANDERSON, JEFFREY
STREET ADDRESS 1375 W. HILLSBORO BLVD.
CITY-ST-ZIP DEERFIELD BEACH FL ☐ Delete

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

TITLE STD
NAME ANDERSON, LARRY
STREET ADDRESS 1375 W. HILLSBORO BLVD.
CITY-ST-ZIP DEERFIELD BEACH FL ☐ Delete

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

TITLE D
NAME GLUSMAN, MICHAEL
STREET ADDRESS 1776 N. PINE ISLAND RD. #118
CITY-ST-ZIP PLANTATION FL 33322 ☐ Delete

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

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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

3-12-02 (954) 421-7888

Date

Daytime Phone #

CR2E037 (9/01)

0036221

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90043 010 ****70.00



DO NOT WRITE IN THIS SPACE