

2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01

FILED
Feb 12, 2001 8:00 am
Secretary of State

01-19-2001 90009 007 ****61.25

DOCUMENT # N96000004675

1. Entity Name

1317 ASSOCIATION, INC.

Principal Place of Business

1317 S.W. 1ST AVE.
FT. LAUDERDALE FL 33315

Mailing Address

1317 S.W. 1ST AVE.
FT. LAUDERDALE FL 33315

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

-PONDERSEN, DAVID A
1317 S.W. 1ST AVE.
FT. LAUDERDALE FL 33315

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 (If this is a 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	D	☒ Delete
NAME	HAMILTON, DENNIS	
STREET ADDRESS	401 N.W. 118TH AVENUE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	☒ Delete
NAME	HAMILTON, JAMES	
STREET ADDRESS	401 N.W. 118TH AVENUE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	☐ Delete
NAME	PEDERSEN, DAVID A	
STREET ADDRESS	1317 S.W. 1ST AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	D	☐ Delete
NAME	CAROL STIGFEL	
STREET ADDRESS	1321 SW 1ST AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315	
TITLE	D	☐ Delete
NAME	BERNARD PECK	
STREET ADDRESS	1325 S.W. 1ST AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

DAVID A. PEDERSEN

1/19/01

954-275-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)