

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005016

1. Entity Name

THE TOWN OF HIGHLAND BEACH MUNICIPAL BUILDING AU

Principal Place of Business

3614 S OCEAN BLVD
HIGHLAND BEACH FL 33487

Mailing Address

3614 S OCEAN BLVD
HIGHLAND BEACH FL 33487-3325

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

65-0698950

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

HRAWG CORP.
2000 GLADES ROAD
SUITE 400
BOCA RATON FL 33431

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.

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\$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	D SORRELL, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	3614 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE NAME	D LOWE, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	3614 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE NAME	ST SAAG, BENJAMIN	<input type="checkbox"/> Delete
STREET ADDRESS	3614 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE NAME	CD HILL, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	3614 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE NAME	D KANE, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	3614 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE NAME	CD REID, THOMAS J	<input type="checkbox"/> Delete
STREET ADDRESS	3614 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEN SAAG

4-3-2000

Date

(561) 278-4548

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)