

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001698

1. Entity Name

ADDISON COURT PROPERTY OWNERS' ASSOCIATION, INC.

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90879 010 ****61.25

Principal Place of Business

Mailing Address

1951 NW 19TH ST
SUITE 103
BOCA RATON FL 33431
US

1951 NW 19TH ST
SUITE 103
BOCA RATON FL 33431
US

2. Principal Place of Business

3. Mailing Address

1601 FORUM PLACE

1601 FORUM PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 603

SUITE 603

City & State

City & State

WEST PALM BEACH, FL

WEST PALM BEACH, FL

Zip

Country

Zip

Country

33401

USA

33401

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOOSE, WILLIAM R III
15 N FLAGLER DR 19 FLOOR
WEST PALM BEACH FL 33401

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 LEVY, ROBERT A
STREET ADDRESS 1951 NW 19TH ST, #103
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE VD ☐ Delete
NAME GELLER, HARVEY
STREET ADDRESS 1951 NW 19TH ST, #103
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE SD ☒ Delete
NAME DENBURG, MOSHE
STREET ADDRESS 5030 CHAMPION BLVD STE D6
CITY-ST-ZIP BOCA RATON FL 33496

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

TITLE D ☐ Delete
NAME BUKIET, ZALMAN
STREET ADDRESS 5030 CHAMPION BLVD STE D6
CITY-ST-ZIP BOCA RATON FL 33426

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 to an address, with all other like empowered.

SIGNATURE:

[Signature]

Harvey Geller 4/1/02 561-616-3330

CR2E037 (9/01)