

2000 UNIFORM BUSINESS REPORT (UBR)

2/19/00

FILED  
Apr 18, 2000 8:00 am  
Secretary of State

02-19-2000 90001 011 \*\*\*\*61.25

DOCUMENT # N97000004668

Entity Name

PLAZA NORTH ASSOCIATION, INC.

Principal Place of Business

DOUGLAS AVE STE 1955  
ALTAMONTE SPRINGS FL 32714

Mailing Address

405 DOUGLAS AVE STE 1955  
ALTAMONTE SPRINGS FL 32714-0902

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3496973

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

JUDGE, WALTER E  
405 DOUGLAS AVE STE 1955  
ALTAMONTE SPRINGS FL 32714

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D  
KAHN, JEROME B  
2102 ROYAL FERN CT  
LONGWOOD FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D  
JACONETTI, GEORGE W  
733-W STATE ROAD-436 STE 2001-  
ALTAMONTE SPGS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D  
JUDGE, WALTER E  
405 DOUGLAS AVE STE 1955  
ALTAMONTE SPRINGS FL 32714

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

President / D

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

Secretary + Treasurer / D

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

Vice President / D

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE 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

Date

Daytime Phone #

1-800 467-774-1600

CR2E037 (9/99)