

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91244 036 \*\*\*\*61.25

**DOCUMENT # N98000003861**

1. Entity Name

**BOYNTON CENTER NO. 2 CONDOMINIUM ASSOCIATION, IN**

Principal Place of Business

Mailing Address

% ROBERT A. MCFERREN  
 1039 HILLSBORO MILE. #12  
 HILLSBORO BEACH FL 33062

% ROBERT A. MCFERREN  
 1039 HILLSBORO MILE. #12  
 HILLSBORO BEACH FL 33062

**551665**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**305 East Ocean Ave.**

**885 NW 6TH Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Boynton Beach FL**

City & State  
**Boca Raton FL**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

**33435**

Country

**Palm Beach**

Zip

**33432**

Country

**Palm Beach**

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

**AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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

**Robert A. McFerrer**

**5-1-01**

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 **PEREZ, RAY**  
 STREET ADDRESS **885 NORTHWEST 6TH AVENUE**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **VTD PD** ☐ Delete  
 NAME **MCFERREN, ROBERT A**  
 STREET ADDRESS **885 NORTHWEST 6TH AVENUE**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **SD** ☐ Delete  
 NAME **NORGIEL, JEAN**  
 STREET ADDRESS **885 NORTHWEST 6TH AVENUE**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **VTD** ☐ Delete  
 NAME **Norgiel, Al**  
 STREET ADDRESS **885 Northwest 6th Avenue**  
 CITY-ST-ZIP **Boca Raton FL 33432**

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

TITLE ☐ Delete  
 NAME **Mann, Charles L.**  
 STREET ADDRESS **885 Northwest 6th Avenue**  
 CITY-ST-ZIP **Boca Raton FL 33432**

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 with an address, with all other like empowered.

SIGNATURE:

**Robert A. McFerrer**

**5-01-01 954-788-5779**

CR2E037 (10/00)