

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** N98000005894**1. Entity Name**

Paul-Mar Property Owners' Association, Inc.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90050 002 ****61.25

Principal Place of Business 4201 N. Ocean Blvd.
Hollywood, FL 33019

Mailing Address 4201 N. Ocean Blvd.
Hollywood, FL 33019

2. Principal Place of Business 4201 N. Ocean Blvd.
Suite, Apt. #, etc.

3. Mailing Address 4201 N. Ocean Blvd.
Suite, Apt. #, etc.

City & State Hollywood, FL

City & State Hollywood, FL

Zip 33019 **Country** USA

Zip 33019 **Country** USA

4. FEI Number 65-1004657 ☒ **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Karen Locher
c/o Mitchell T. McRae, P.A.
23003 South State Road 7
Boca Raton, FL 33428

7. Name and Address of New Registered Agent

Name: Karen Locher
Street Address (P.O. Box Number is Not Acceptable):
4201 N. Ocean Blvd.
City: Hollywood FL Zip Code: 33019

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 *Karen Locher* /Karen Locher, Registered Agent 4/17/00
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when appointing)

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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 individual 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 *Karen Locher* /Karen Locher-President 4/17/00 954-922-