

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000774

1. Entity Name

THE ARAGON OWNERS AD HOC COMMITTEE, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90159 043 ****61.25

104000



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O HENRY B. HANDLER, ESQUIRE
2255 GLADES ROAD - SUITE 218A
BOCA RATON FL 33431
C/O HENRY B. HANDLER, ESQUIRE
2255 GLADES ROAD - SUITE 218A
BOCA RATON FL 33431-7391

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

125-0990767

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HANDLER, HENRY B ESQ.
2255 GLADES ROAD
SUITE 218A
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.

☐

\$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 STREET ADDRESS CITY-ST-ZIP
D O'NEIL, KENNETH
2494 SOUTH OCEAN BOULEVARD
BOCA RATON FL 33432 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D BERTRAND, VICTOR
2494 SOUTH OCEAN BOULEVARD
BOCA RATON FL 33432 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D MAROONE, AL
2494 SOUTH OCEAN BOULEVARD
BOCA RATON FL 33432 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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 of Kenneth O'Neil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF E037 (9/99)