

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90110 048 ***150.00

DOCUMENT # P00000007434

1. Entity Name

FRANKLIN SQUARE, INC.

Principal Place of Business

**7129 VIA FIRENZE
BOCA RATON FL 33433**

Mailing Address

**7129 VIA FIRENZE
BOCA RATON FL 33433**

2. Principal Place of Business

**c/o Halliday Group Realty
Management, Inc.**

3. Mailing Address

**c/o Halliday Group Realty
Management, Inc.**

Suite, Apt. #, etc.

1100 SE 3rd Ave, 2nd Floor

Suite, Apt. #, etc.

1100 SE 3rd Ave, 2nd Floor

City & State

Fort Lauderdale

City & State

Fort Lauderdale,

4. FEI Number

65-0977521

Applied For

Not Applicable

Zip

33316-1110

Country

USA

Zip

33316-1110

Country

USA

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

6. Name and Address of Current Registered Agent

**ISAACS, SIMEON
7129 VIA FIRENZE
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name
John C. Halliday III

Street Address (P.O. Box Number is Not Acceptable)
Halliday Group Realty Management, Inc.

1100 SE Third Avenue, Second Floor

City

Fort Lauderdale,

FL

Zip Code

33316-1110

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

John C. Halliday III
John C. Halliday III

2/28/01

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ISAACS, SIMEON	
STREET ADDRESS	7129 VIA FIRENZE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISAACS, K. DAVID	
STREET ADDRESS	7129 VIA FIRENZE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAACS, K. DAVID	
STREET ADDRESS	61 Cederhurst Avenue	
CITY-ST-ZIP	Lawrence, NY 11559	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-02-01 954-767-0700

CR2E034 (10/00)

0306072