2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000102409 DOCUMENT

1. Entity Name

SIGNATURE:

BOARDWALK AT MORRIS BRIDGE II, INC.



Aug 14, 2003 8:00 am Secretary of State

08-14-2003 90071 045 ***550.00

Daytime Phone #

r	ง
3	•

Principal Plac 3600 N.W. 43R SUITE C-1 GAINESVILLE F	D STREET	SUITE C-1	3600 N.W. 43RD STREET							
2. Principal P	Place of Business	3. Mailing Addres	3. Mailing Address			A LOBILLOL (SI OBILLO INDEL OBSIL BAIRL DORL) 11011 B1631 U	611 <u>4 (41)</u> (46)	
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			CHECK HERE IF M	AKING C	HANGES		
City & Stat	City & State		City & State		,	4. FEI Number 56-232 4791		Applied For Not Applicable		
Zip	Country	Zip	Zip Country			5 Cartificate of Statue Desired \$			8.75 Additional	
	6. Name and Address of Curren	t Registered Agent			- \	. Name and Address of New Regis	tered Aa	ent		
				Name						
DIOTOKOV	VSKI, JOEL S									
				Street Addres	s (P.O.	(P.O. Box Number is Not Acceptable)				
317 - 7181				Ĺ						
MIAMI BEA	ACH FL 33141			ļ]	
à								71- 6		
	•			City			FL	Zip Cod	e ,	
	named entity submits this statement ions of registered agent.	for the purpose of chan	nging its registere	ed office or regis	stered a	agent, or both, in the State of Florida	I am fan	niliar with,	and accept	
Oldin il olie .	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registere	d Agent signature requ	ired wher	n reinstating)	DATE			
·	U.E. NOW!!! EEE 10 Acro 00					7				
	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$75	10.00	~			9. Election Campaign Financi	ng	\$5.0	May Be	
	Payable to Florida Department					Trust Fund Contribution.		Added	to Fees	
							- T			
10.	OFFICERS ANI	 	11.			ADDITIONS/CHANGES TO OFFICER	IS AND D	IRECTOR:	S IN 11	
TITLE	D	LI DRETE] Change	Addition	
NAME	KISSEL, WALDEMAR F JR 3600 N.W. 36TH STREET SUITE C-1		NAM	E						
STREET ADDRESS			STRE	STREET ADDRESS						
CITY-ST-ZIP	GAINESVILLE FL 32606	BAINESVILLE FL 32606		-ST-ZIP						
TITLE		☐ Delete						Change	Addition	
NAME	C Dollar		NAM	ŀ			_	<u>_</u>		
STREET ADDRESS				ET ADDRESS					ĺ	
_CITY=ST-ZIP-				ST-ZiP-					{	
										
TITLE		☐ Defe		- 1			L	☐ Change	Addition	
NAME			NAMI							
STREET ADDRESS		•		ET ADDRESS					ì	
CITY-ST-ZIP			CITY	ST-ZIP						
TITLE	•	Dele	ete TITLE			*		Change	Addition	
NAME			NAMI	E						
STREET ADDRESS		•	STRE	ET ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP					ĺ	
TITLE		☐ Dele	ete TITLE			 		Change	Addition	
NAME		D00	NAME	- 1				_ 0ungv		
STREET ADDRESS				- Et address					ĺ	
CITY-ST-ZIP				ST-ZIP						
								-		
TITLE		☐ Dele		,] Change	☐ Addition	
NAME	<u> </u>		NAME	· •					1	
STREET ADDRESS	r 🐧		STRE	ET ADDRESS					ļ	
CITY-ST-ZIP		·	CITY-	ST-ZIP						
12. I hereby o	ertify that the information supplied wit	h this filing does not au	ualify for the exer	nption stated in :	Section	n 119.07(3)(i), Florida Statutes. I furth	er certify	that the in	formation	
of the core	on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate an sowered to execute this	id that my signat report as requir	ure shall have th	e sami	ie ledal effect as it made under oath:	thatiam	an officer	or director 1	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR