

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000011269

1. Entity Name

ORIOLE FAIRWAY POINT, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90102 015 ***150.00

Principal Place of Business

1690 S CONGRESS AVENUE
DELRAY BEACH FL 33445

Mailing Address

1690 S CONGRESS AVENUE
DELRAY BEACH FL 33445-6385

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0396548

Applied For

Not Applicable

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

LEVY, RICHARD D
1690 S CONGRESS AVENUE
DELRAY BEACH FL 33445

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LEVY, MARK	1690 S CONGRESS AVE, STE 200	DELRAY BCH FL	<input type="checkbox"/>
CD	LEVY, RICHARD D	1690 S CONGRESS AVE, STE 200	DELRAY BCH FL	<input type="checkbox"/>
VT	PIVINSKI, JOSEPH	1690 S CONGRESS AVE, STE 200	DELRAY BCH FL 33445	<input type="checkbox"/>
SD	LEVY, HARRY A	1690 S CONGRESS AVE, STE 200	DELRAY BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

JOSEPH PIVINSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

(561) 274-2000

Daytime Phone #

CR2E034 (9/99)