

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022038

1. Entity Name

LAUDERDALE RIVIERA ASSOCIATES, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90004 007 \*\*\*550.00

Principal Place of Business

505 N. ATLANTIC BLVD.  
 FT LAUDERDALE FL 33304

Mailing Address

505 N. ATLANTIC BLVD.  
 FT LAUDERDALE FL 33304

2. Principal Place of Business

3001 HARBOR DRIVE

Suite, Apt. #, etc.

FT. LAUDERDALE, FL

City & State

33316

Zip

Country

BROWARD

3. Mailing Address

3001 HARBOR DR.

Suite, Apt. #, etc.

FT. LAUDERDALE, FL

City & State

33316

Zip

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0478066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BULFIN, ROBERT M  
 2826 E OAKLAND PARK BLVD  
 FT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	FLAVIN, PATRICK J	
STREET ADDRESS	505 N. ATLANTIC BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAY, JOHN P	
STREET ADDRESS	505 N. ATLANTIC BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAURER, LAWRENCE A	
STREET ADDRESS	505 N. ATLANTIC BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILL, BOB	
STREET ADDRESS	505 N. ATLANTIC BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GRISWOLD, ROBERT	
STREET ADDRESS	505 N. ATLANTIC BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3001 HARBOR DRIVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3001 HARBOR DRIVE	
STREET ADDRESS	FT. LAUDERDALE, FL	
CITY-ST-ZIP	33316	
TITLE	"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	"	
STREET ADDRESS	"	
CITY-ST-ZIP	"	
TITLE	"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	"	
STREET ADDRESS	"	
CITY-ST-ZIP	"	
TITLE	"	<input checked="" 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00

Date

(954)  
 463-3302

Daytime Phone #

CR2E034 (5/00)