

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90330 037 ***150.00

0493124

DOCUMENT # P95000070520

1. Entity Name
RED HERON ASSOCIATES, INC.

Principal Place of Business

~~210 UNIVERSITY DR~~

~~502~~

~~CORAL SPRINGS FL 33077~~

~~US~~

Mailing Address

~~210 UNIVERSITY DR~~

~~#502~~

~~CORAL SPRINGS FL 33077~~

~~US~~

2. Principal Place of Business

3000 N. UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE E

City & State

CORAL SPRINGS FL

Zip

33065

Country

3. Mailing Address

C/O MAS

Suite, Apt. #, etc.

P.O. Box 771210

City & State

CORAL SPRINGS FL

Zip

33077-1210

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0607913**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JOSEPH E

~~210 UNIVERSITY DR~~

~~#502~~

~~CORAL SPRINGS FL 33077~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3000 N. UNIVERSITY DRIVE

SUITE E

City

CORAL SPRINGS

FL

Zip Code

33065

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, 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 **PVST** ☐ Delete
 NAME **SCARBERRY, PHYLISS**
 STREET ADDRESS **754 HERON RD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33326**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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: **PHYLISS SCARBERRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)