

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90025 020 ***150.00

DOCUMENT # P96000040312

1. Entity Name

NORTHSTAR AT AMHERST, INC.

Principal Place of Business

6561 CASCADES ISLE BLVD
BOYNTON BEACH FL 33437
US

Mailing Address

6561 CASCADES ISLE BLVD.
BOYNTON BEACH FL 33437
US

2. Principal Place of Business

5196 Clover Creek Dr.
Suite, Apt. #, etc.

3. Mailing Address

5196 Clover Creek Dr.
Suite, Apt. #, etc.

City & State

Boynton Beach FL
33437 US

City & State

Boynton Beach FL
33437 US

4. FEI Number

65-0666341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WURTENBERGER, KENNETH P
200 EAST LAS OLAS BLVD.
SUITE 1900
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name **David Ettinger**
Street Address (P.O. Box Number is Not Acceptable)

5196 Clover Creek Dr.
City **Boynton Beach** FL **33437**

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 **P** ☐ Delete
NAME **ETTINGER, DAVID**
STREET ADDRESS **7103 ENCINA LANE**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)