

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010135

1. Entity Name

5101 N.W. 21 ASSOCIATES, INC.

Principal Place of Business

5101 NW 21 AVE
STE 350
ST LAUDERDALE FL 33309
US

Mailing Address

5101 NW 21 AVE
STE 350
ST LAUDERDALE FL 33309
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0738080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLARD, ALAN BRUCE
9660 W. SAMPLE ROAD, SUITE 301
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

A. BRUCE WILLARD

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

5391 NOB HILL ROAD

SUNRISE, FL 33351

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, 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 D ☐ Delete
NAME WILLARD, ALAN BRUCE
STREET ADDRESS 9660 W. SAMPLE ROAD, SUITE 301
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ Delete
NAME WILLARD, DANNY
STREET ADDRESS 9660 W. SAMPLE ROAD, SUITE 300
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR/PRESIDENT ☒ Change ☐ Addition
NAME A. BRUCE WILLARD
STREET ADDRESS 5391 NOB HILL ROAD
CITY-ST-ZIP SUNRISE, FL 33351

TITLE DIRECTOR/SECRETARY ☒ Change ☐ Addition
NAME DANNY L. WILLARD
STREET ADDRESS 5391 NOB HILL ROAD
CITY-ST-ZIP SUNRISE, FL 33351

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

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90092 032 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)