

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013507

1. Entity Name

3813 NORTH MONROE STREET ASSCIATIONS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90007 007 ***158.75

Principal Place of Business

Mailing Address

363 ATLANTIC BLVD
 SUITE 3
 ATLANTIC BEACH FL 32233
 US

363 ATLANTIC BLVD
 SUITE 3
 ATLANTIC BEACH FL 32233-5283
 US

2. Principal Place of Business

151 Sawgrass Corners Dr. # 202 same as # 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL 32082

City & State

4. FEI Number

59-3507677

Applied For

Not Applicable

Zip

Country

Zip

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

KRALL, MARK L
 616 EAST ATLANTIC AVE
 DELRAY BEACH FL 33483

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 PD ☐ Delete
 NAME FERBER, PAUL S
 STREET ADDRESS 363 ATLANTIC BLVD., SUITE 3
 CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 151 Sawgrass Corners Drive, Suite 202
 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)