2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

FILED Aug 28, 2000 8:00 am Secretary of State DOCUMENT # **P97000091603** 1. Entity Name CAROLE PROPERTIES AND MANAGEMENT, INC. 08-28-2000 90039 028 ***550.00 Principal Place of Business Mailing Address 7000 WEST PALMETTO PARK ROAD SUITE 402 7000 WEST PALMETTO PARK ROAD SUITE 402 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0797042 Not Applicable Żip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREENFIELD, S B Street Address (P.O. Box Number is Not Acceptable) 7000 WEST PALMETTO PARK ROAD SUITE 402 **BOCA RATON FL 33433** City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 П Trust Fund Contribution. Added to Fees (See chieria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST ■ Addition ☐ Change TITLE Delete TITLE EINAUGLER, BARRETT R NAME NAME STREET ADDRESS 7000 WEST PALMETTO PARK ROAD SUITE 402 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP por qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information frate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cuje this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the empowered. 13. I hereby certify that the information supplied with this filin indicated on this report or supplemental report. True and of the corporation or the receiver