

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028652

1. Entity Name

BANKATLANTIC VENTURE PARTNERS 8, INC.

Principal Place of Business

1750 E SUNRISE BLVD
FORT LAUDERDALE FL 33304

Mailing Address

1750 E SUNRISE BLVD
FORT LAUDERDALE FL 33304-3013

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90040 033 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0830953**

Applied For
Not Applicable

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

FURMAN, JACK A
1750 E SUNRISE BLVD
FORT LAUDERDALE FL 33304

Name **GILBERT, GLEN R**
Street Address (P.O. Box Number is Not Acceptable)
1750 EAST SUNRISE BLVD
City **FT LAUDERDALE FL** Zip Code **33304**

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

GLEN R. GILBERT
Executive Vice President

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

4/24/2000

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	<input type="checkbox"/> Delete
NAME	ABDO, JOHN E	
STREET ADDRESS	1750 EAST SUNRISE BOULEVARD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GILBERT, GLEN R	
STREET ADDRESS	1750 EAST SUNRISE BOULEVARD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEVAN, JARETT S	
STREET ADDRESS	1750 EAST SUNRISE BOULEVARD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LEVAN, ALAN B	
STREET ADDRESS	1750 EAST SUNRISE BOULEVARD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ABDO, FRANK J	
STREET ADDRESS	1750 EAST SUNRISE BOULEVARD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

GLEN R. GILBERT
Executive Vice President

4/25/2000

Date

Daytime Phone #

CR2E034 (9/99)