

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066558

1. Entity Name  
**TOWN CENTER I COMMERCIAL EQUITY CORPORATION**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90091 041 \*\*\*150.00

Principal Place of Business  
**222 LAKEVIEW AVE  
17TH FLOOR  
W PALM BCH FL 33401**

Mailing Address  
**222 LAKEVIEW AVE  
17TH FLOOR  
W PALM BCH FL 33401-6150**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0852971**

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

**REGSERV CORP  
222 LAKEVIEW AV  
17TH FLOOR  
W PALM BCH FL 33401**

Name

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

City

**FL**

Zip Code

8. The above **Regserv Corp.** is changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE By: *[Signature]*  
**Mark Nussbaum, Vice President**

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPC  
RENDINA, BRUCE A  
222 LAKEVIEW AVE 17TH FL  
W PALM BCH FL 33401** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
GOSSMAN, ABRAHAM D  
513 N COUNTY RD  
PALM BCH FL 33480** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Abraham D. Gosman  
513 N County Rd  
Palm Beach FL 33480** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
DISALVO, PATRICK J  
222 LAKEVIEW AVE 17TH FL  
W PALM BCH FL 33401** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
JURAN, LAWRENCE B  
222 LAKEVIEW AVE 17TH FL  
W PALM BCH FL 33401** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
STRACHAN, DAVID M  
222 LAKEVIEW AVE 17TH FL  
W PALM BCH FL 33401** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

**Patrick J. DiSalvo**  
Vice President

Date

Daytime Phone #

CR2E034 (9/99)