

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-04-2000 90091 039 ***150.00

DOCUMENT # P98000066564

1. Entity Name

TOWN CENTER I RESIDENTIAL EQUITY CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

222 LAKEVIEW AVE
 17TH FL
 W PALM BCH FL 33401

222 LAKEVIEW AVE
 17TH FL
 W PALM BCH FL 33401-6150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0853511**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 AVE
 17TH FL
 W PALM BCH FL 33401

Name

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

City

FL

Zip Code

8. The above **Regserv Corp.**

changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE By:

Mark Nussbaum, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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	DPC	<input type="checkbox"/> Delete
NAME	RENDINA, BRUCE A	
STREET ADDRESS	222 LAKEVIEW AVE 17TH FL	
CITY-ST-ZIP	W PALM BCH FL 33401	
TITLE	C/D	<input type="checkbox"/> Delete
NAME	GOSMAN, ABRAHAM D	
STREET ADDRESS	513 N COUNTY RD	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	DISALVO, PATRICK J	
STREET ADDRESS	222 LAKEVIEW AVE 17TH FL	
CITY-ST-ZIP	W PALM BCH FL 33401	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	JURAN, LAWRENCE B	
STREET ADDRESS	222 LAKEVIEW AVE 17TH FL	
CITY-ST-ZIP	W PALM BCH FL 33401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STRACHAN, DAVID M	
STREET ADDRESS	222 LAKEVIEW AVE 17TH FL	
CITY-ST-ZIP	W PALM BCH FL 33401	
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	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gasman, Abraham D	
STREET ADDRESS	513 N County Rd	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick J. DiSalvo
Vice President

4/27/00 (561) 655-9008

Daytime Phone #

CR2E034 (9/99)