

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079380

1. Entity Name

311 ASSOCIATES, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90124 037 ***158.75

Principal Place of Business

111 E. BOCA RATON RD.
BOCA RATON FL 33432

Mailing Address

111 E. BOCA RATON RD.
BOCA RATON FL 33432

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

140 N. Federal Highway

3. Mailing Address

140 N. Federal Highway

Suite, Apt. #, etc.

Suite # 200

Suite, Apt. #, etc.

Suite # 200

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

4. FEI Number

65-0860220

Applied For

Not Applicable

Zip

33432

Country

USA

Zip

33432

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TALBOTT, GREGORY
111 E. BOCA RATON RD.
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

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

140 N. Federal Hwy.

Suite 200

City Boca Raton

FL

Zip Code

33432

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, 2001 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

TITLE P
NAME TALBOTT, GREGORY K
STREET ADDRESS 111 E. BOCA RATON ROAD
CITY-ST-ZIP BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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

Date

Daytime Phone #

CR2E034 (10/00)