## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2000 8:00 am Secretary of State DOCUMENT # **P99000032423 BOCA MARINA ASSOCIATION FOR ENVIRONMENTAL PRESER** 05-12-2000 90027 025 \*\*\*158.75 Principal Place of Business Mailing Address 5264 BOCA MARINA CIRCLE S 5264 BOCA MARINA CIRCLE S **BOCA RATON FL 33487-5247 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address SITIL BOCA MARINA CIRCLES SZTA BOCA MARINA CIRCLE S DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4 FEL Number City & State City & State BOCA Not Applicable BOCA RATON \$8.75 Additional 5. Certificate of Status Desired -3348 PALM BEACH Fee Required PALM BEACH 3348 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent M & W AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD SUITE 107 **BOCA RATON FL 33431** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition ☐ Delete TITLE NAME NAME HERBERT GUNTHER 5272 BOCH MARINA CIRCLES. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33487 ☐ Addition Change ☐ Delete TITLE TITLE KENNETH SPERBER NAME NAME 5264 BOCA MARINA CIRCLES. STREET ADDRESS STREET ADDRESS BOCA RATON, FC CITY-ST-7IP CITY-ST-ZIP TITLE 'Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR