

2000 UNIFORM BUSINESS REPORT (UBR)

2/8/00

FILED

Apr 27, 2000 8:00 am
Secretary of State

02-08-2000 90166 009 ****61.25

DOCUMENT # 749489
 1. Entity Name
PIEDMONT "L" ASSOCIATION, INC.

Principal Place of Business Mailing Address
 C/O CAMS C/O CAMS
 314 NE 3RD ST 314 NE 3RD ST
 BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435-3892
 US US

2. Principal Place of Business 3. Mailing Address
c/o S.F.L. Services of Boynton Beach, Inc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
660 NW 10th Court **660 NW 10th Court**
 City & State City & State
Boynton Beach, Florida **Boynton Beach, Florida**

Zip Country Zip Country
33426 **USA** **33426** **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2039756 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

LADWIG, PATTI H., PA
12765 W FOREST HILL BLVD
STE 1312
WELLINGTON FL 33414

Name
S.F.L. Services of Boynton Beach, Inc
 Street Address (P.O. Box Number is Not Acceptable)
660 NW 10th Court
 City State Zip Code
Boynton Beach **FL** **33426**

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: *Daniel F. Duffy* **Daniel F. Duffy (Pres)** **3/8/00**
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEITZBERG, WILLY 569 PIEDMONT L DELRAY BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> ... 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD REISCH, JOSEPH 588 PIEDMONT L DELRAY BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> ... 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GELLER, JANET 532 PIEDMONT L DELRAY BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> ... 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD GOLDMAN, SYDNEY 556 PIEDMONT DELRAY BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> ... 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAHN, SIDNEY 553 PIEDMONT L DELRAY BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> ... 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> ... Director Saiewitz, Daniel 530 Piedmont L Delray Beach, Florida 33484

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like information.

SIGNATURE: *Walter A. ...* **REQUIRED** **3/3/00** **(561) 736-7054**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #