

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37363

1. Entity Name

BEDFORD I CONDOMINIUM ASSOCIATION, INC.

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90095 025 \*\*\*\*70.00

Principal Place of Business

Mailing Address

C/O VIRGINIA RANDALL  
222 BEDFORD I  
W. PALM BEACH FL 33417  
US

C/O VIRGINIA RANDALL  
222 BEDFORD I  
W. PALM BEACH FL 33417-2245  
US

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

59-1661016

Applied For

Not Applied

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANDALL, VIRGINIA  
222 BEDFORD I  
CENTURY VILLAGE  
WEST PALM BEACH FL 33417

Name

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

City

FL

Zip Code

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

*Virginia Randall* VIRGINIA RANDALL  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/5/00

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 P ☐ Delete  
NAME RANDALL, VIRGINIA  
STREET ADDRESS BEDFORD I, CENTURY VILLAGE 222  
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE DT ☐ Delete  
NAME ALLEN, DOROTHY  
STREET ADDRESS BEDFORD 8 210  
CITY-ST-ZIP W. PALM BEACH FL 33417

TITLE DT ☒ Change ☐ Addit  
NAME ALLEN, DOROTHY  
STREET ADDRESS 210 BEDFORD I  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE DS ☐ Delete  
NAME JAFFEE, JULIETTE  
STREET ADDRESS BEDFORD I-214 CENVIE  
CITY-ST-ZIP W. PALM BEACH FL

TITLE DS ☒ Change ☐ Addit  
NAME JAFFEE, JULIETTE  
STREET ADDRESS 214 BEDFORD I  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE D ☐ Delete  
NAME RANDALL, CLARENCE W  
STREET ADDRESS 222 BEDFORD I  
CITY-ST-ZIP W. PALM BEACH FL 33417

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

TITLE D ☐ Delete  
NAME PAQUETTE, GEORGETTE  
STREET ADDRESS 211 BEDFORD I  
CITY-ST-ZIP W. PALM BEACH FL 33417

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

TITLE D ☐ Delete  
NAME SHAPIRO, MARVIN  
STREET ADDRESS BEDFORD I-215 CENVIE  
CITY-ST-ZIP W. PALM BEACH FL

TITLE D ☒ Change ☐ Addit  
NAME SHAPIRO, MARVIN  
STREET ADDRESS 215 BEDFORD I  
CITY-ST-ZIP WEST PALM BEACH FL 33417

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Virginia Randall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

Date

561-683-5021

Daytime Phone #