# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 13, 2001 8:00 am**
**Secretary of State**
07-26-2001 90009 050 ****61.25

77448

DOCUMENT # 708192

1. Entity Name

GOLF RIDGE VILLAS CONDOMINIUM UNIT A, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 20490 NW 7 AVE.<br>MIAMI FL 33169 | 20490 NW 7 AVE.<br>MIAMI FL 33169 |

DO NOT WRITE IN THIS SPACE

| 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 59-1225005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEAY, GAIL P
20400 NW 7 AVE #9
MIAMI FL 33169

7. Name and Address of New Registered Agent

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 _____
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**
**After September 12, 2001, min. will be $236.25**

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<br>SAEY, GAIL<br>20490 N.W. 7TH AVE<br>MIAMI FL 33169 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Pratt, Carla, President-DD<br>20490 N.W. 7Ave, # 8<br>Miami, Fl. 33169 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VDD<br>PRATT, CARLA<br>20490 NW 7TH AVENUE<br>MIAMI FL 33169 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice-President-DD<br>Eunice Pascual<br>20490 N.W. 7Ave, #4<br>Miami, FL 33169 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STDD<br>HALL, WALTER<br>20490 N.W. 7TH AVE.<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Gail Seay, Treasurer-DD<br>20490 N.W. 7Ave, # 9<br>Miami, FL 33169 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VDD<br>EUNICE, PASCUAL<br>20490 NW 7AVE<br>MIAMI FL 33169 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Arline Wagnac<br>20490 NW 7Ave, # 5<br>Miami, FL 33169 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (5/01)

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:** Gail A Seay SIGNATURE REQUIRED 7/16/01 (305) 826-7304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #