

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711370

1. Entity Name

ST. ELIZABETH GARDENS, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90045 012 \*\*\*\*61.25

Principal Place of Business

11440 N. KENDALL DR  
STE E-209  
MIAMI FL 33176  
US

Mailing Address

11440 N. KENDALL DR  
STE E-209  
MIAMI FL 33176-1044  
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

59-6194087

Applied For

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

FITZGERALD, J. PATRICK ESQ.  
110 MERRICK WAY, STE 2-C  
COAL GABLES FL 33134

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**

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 D ☐ Delete  
NAME STEIBEL, GARY R  
STREET ADDRESS 123 NW 6TH AVE  
CITY-ST-ZIP HALLANDALE FL

TITLE TD ☒ Change ☐ Addition  
NAME Steibel, Gary R.  
STREET ADDRESS 123 NW 6th Ave  
CITY-ST-ZIP Hallandale, FL

TITLE TD ☒ Delete  
NAME MCCAUL, MICHAEL  
STREET ADDRESS 2251 YUCCA AVE.  
CITY-ST-ZIP PEMBROKE PINES FL

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

TITLE VD ☐ Delete  
NAME ABELLO, EUGENE  
STREET ADDRESS 2836 SW 7TH AVE  
CITY-ST-ZIP MIAMI, FL 00000

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

TITLE PD ☐ Delete  
NAME QUINLIVAN, J. MARK  
STREET ADDRESS 5730 SW 74 ST., #300  
CITY-ST-ZIP S. MIAMI FL

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

TITLE SD ☒ Delete  
NAME CONWAY, LAURENCE  
STREET ADDRESS 17775 NORTH BAY ROAD  
CITY-ST-ZIP MIAMI BEACH FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*J. Mark Quinlivan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Mark Quinlivan

Date

Daytime Phone #

3/15/2000 757-2824

CR2E037 (9/99)