

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717844

1. Entity Name

MODEL VILLAGE UNIT ONE, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91388 009 ****61.25

Principal Place of Business

1150 BALD EAGLE DR #B-3
MARCO ISLAND FL 34145
US

Mailing Address

PO BOX 1123
MARCO ISLAND FL 34146-1123
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1595673

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PATAS, DENISE
267 N. COLLIER BLVD., STE 201
MARCO ISLAND FL 34145

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 VP
NAME HJORTLAND, DONALD
STREET ADDRESS 5105 NEWPORT DR
CITY-ST-ZIP ROLLING MEADOWS IL 60008 ☐ Delete

TITLE D
NAME JOCKE, ANDY
STREET ADDRESS 1152 Bald Eagle Dr.A-2
CITY-ST-ZIP Marco Is., FL 34145 ☐ Change ☒ Addition

TITLE D
NAME BINNS, BRIGETTE
STREET ADDRESS 1152 BALD EAGLE DR #A-8
CITY-ST-ZIP MARCO ISLAND FL 34145 ☒ Delete

TITLE D
NAME PACE, JOSEPH
STREET ADDRESS 1777 Crystal Ln.#311
CITY-ST-ZIP Mt.Prospect, IL 60056 ☐ Change ☒ Addition

TITLE DT
NAME MULLIN, PAT
STREET ADDRESS 201 SCHILLER ST
CITY-ST-ZIP ELMHURST IL 60126 ☐ Delete

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

TITLE SD
NAME MALONEY, ROSEMARY
STREET ADDRESS 1146 BALD EAGLE DR # D-11
CITY-ST-ZIP MARCO ISLAND FL 34145 ☒ Delete

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

TITLE PD
NAME SCUMACCI, RALPH
STREET ADDRESS 1177 DELTA DR
CITY-ST-ZIP ELGIN IL 60123 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)