

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720833

1. Entity Name  
**VILLAGE ROYALE GREENBRIAR ASSOCIATION, INC.**

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90042 036 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
 2515 N.E. 1ST COURT      2515 N.E. 1ST COURT  
~~ADDF-012~~      ~~ADDF-012~~  
 BOYNTON BCH FL 33435      BOYNTON BCH FL 33435-2018  
 US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-4461404**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**VRG OWNERS LEAGUE INC**  
**2505 NE 2ND COURT**  
**BOYNTON BEACH FL 33435**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ALIPERTA, LOUIS SR</b> <b>2515 NE 1ST CT #313</b> <b>BOYNTON BEACH FL 33435</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BARDEN, HORALD</b> <b>2515 N.E 1ST COURT #203</b> <b>BOYNTON BCH. FL 33435</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SLOANE, BARBARA</b> <b>2515 NE 1ST COURT #118</b> <b>BOYTON BEACH FL 33435</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BODWELL, TED</b> <b>2515 NE 1ST CT 308</b> <b>BOYNTON BCH FL 33435</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LILLE, WILLIAM</b> <b>2515 NE 1ST CT</b> <b>BOYNTON BCH. FL 00000</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KASKY, RICHARD</b> <b>2515 NE 1ST CT</b> <b>BOYNTON BCH. FL 00000</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Chamoff, Stanley</b> <b>2515 NE 1ST CT #212</b> <b>Boynton Beach, FL 33</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Reda, Louis</b> <b>2515 NE 1ST CT # 215</b> <b>Boynton Beach, FL 33435</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Horald Barden **REINHOLD BARDEN, PRES**      1/5/2000      561-732-1368  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)