

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722599

1. Entity Name

GLENWOOD VILLAGE, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90218 023 ****61.25

Principal Place of Business

225 S. WESTMONTE DR
 SUITE 2050
 ALTAMONTE SPRINGS FL 32714
 US

Mailing Address

PO BOX 161606
 ALTAMONTE SPRINGS FL 32716-1606
 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

59-1515975

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

PFAUSER, MARGO A
 225 N. WESTMONTE DR.
 STE 2050
 ALTAMONTE SPRINGS FL 32714

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 SD ☐ Delete
 NAME RYAN, JAMES
 STREET ADDRESS 114 JUNIPER LN
 CITY-ST-ZIP LONGWOOD FL 32779

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

TITLE D ☐ Delete
 NAME PROCKNOW, WILLIAM
 STREET ADDRESS 109 HIDDEN OAK DR
 CITY-ST-ZIP LONGWOOD FL 32779

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

TITLE DP ☐ Delete
 NAME DREYFUS, HENRY
 STREET ADDRESS 104 HIDDEN OAK DRIVE
 CITY-ST-ZIP LONGWOOD FL

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

TITLE D ☐ Delete
 NAME VECHIA, RUSSELL
 STREET ADDRESS 105 WILD HICKORY LN
 CITY-ST-ZIP LONGWOOD FL 32779

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

TITLE D ☐ Delete
 NAME JAMES, ALFORD
 STREET ADDRESS 106 HIDDEN OAK DR
 CITY-ST-ZIP LONGWOOD 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: *[Signature]* REQUIRED

5/3/01 407/682-3443

CR2E037 (10/00)