

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725226

1. Entity Name

VILLAGE ROYALE GREENTREE ASSOCIATION, INC.

Principal Place of Business

2515 NE 2ND COURT
BOYNTON BEACH FL 33435

Mailing Address

2515 NE 2ND COURT
BOYNTON BEACH FL 33435-2133

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

59-1537161

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

ROSENSTIEN, SARAH
2515 NE 2ND COURT 406
BOYNTON BEACH FL 33435

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 P
NAME MILLER, BRIAN H
STREET ADDRESS 2515 NE 2ND CT
CITY-ST-ZIP BOYNTON BCH, FL 00000 33435

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME ROSENSTIEN, SARAH
STREET ADDRESS 2515 NE 2ND CT
CITY-ST-ZIP BOYNTON BCH, FL 00000

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME LACKS, MAURICE
STREET ADDRESS 2515 NE 2ND COURT, APT 407
CITY-ST-ZIP BOYNTON BCH, FL 00000 33435

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE SD
NAME LACRS, SARA
STREET ADDRESS 2515 NE 2 CT
CITY-ST-ZIP BOYNTON BEACH FL 33435

☒ Delete

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☐ 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:

Sarah Rosenstien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90052 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (1/99)

3/14/00 - 736-7903