

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725236

1. Entity Name

VILLAGE ROYAL GREENHILL ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90127 005 ****61.25

Principal Place of Business

300 N E 26 AVENUE
#414
BOYNTON BEACH FL 33435
US

Mailing Address

300 N E 26 AVENUE
#414
BOYNTON BEACH FL 33435-2032
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

59-1537162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VRG OWNER'S LEAGUE INC
2505 NE 2ND CT
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

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

TITLE	T	<input type="checkbox"/> Delete
NAME	JACOBS, KAREN	
STREET ADDRESS	300 N.E. 26TH AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BELKIN, JACK	
STREET ADDRESS	300 NE 26TH AVE #213	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPIRO, ED	
STREET ADDRESS	300 NE 26TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, ARNOWITZ	
STREET ADDRESS	300 NC 26TH AVE	
CITY-ST-ZIP	BOYNTON BECH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD JEROME STOREN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	300 NE 16 AVE - 414	
STREET ADDRESS	BOYNTON BEACH FL 33435	
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD IRVING CAPLAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	300 NE 16 AVE - 101	
STREET ADDRESS	BOYNTON BEACH FL 33435	
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sylvia WAGNER	
STREET ADDRESS	300 NE 16 AVE - 110	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)