

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # 725236**

1. Entity Name

**VILLAGE ROYAL GREENHILL ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

**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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VRG OWNER'S LEAGUE INC  
 2505 NE 2ND CT  
 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  Delete  
 NAME **T JACOBS, KAREN**  
 STREET ADDRESS **300 N.E. 26TH AVE.**  
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD BELKIN, JACK**  
 STREET ADDRESS **300 NE 26TH AVE #213**  
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE  Change  Addition  
 NAME **PP JEROME STOREN**  
 STREET ADDRESS **300 NE 16 AVE - 414**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE  Delete  
 NAME **SD SPIRO, ED**  
 STREET ADDRESS **300 NE 26TH AVENUE**  
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE  Change  Addition  
 NAME **VPD T**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP MORRIS, ARNOWITZ**  
 STREET ADDRESS **300 NC 26TH AVE**  
 CITY-ST-ZIP **BOYNTON BECH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **VPD IRVING CAPLAN**  
 STREET ADDRESS **300 NE 16 AVE - 201**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **SD 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)