

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728792

1. Entity Name

ORIOLE VILLAGES CENTER, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90287 032 ****61.25

Principal Place of Business

Mailing Address

% PHOENIX MANAGEMENT SERVICE, INC.
541 SOUTH STATE ROAD 7, SUITE 12
MARGATE FL 33068
US

541 S STATE ROAD 7
SUITE 12
MARGATE FL 33068-1711

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

59-1890491

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

ELLIS, TED
7267 HUNTINGTON LANE APT 307
DELRAY BEACH FL 33446

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	PD	<input type="checkbox"/> Delete
NAME	ELLIS, TED	
STREET ADDRESS	7267 HUNTINGTON LANE APT 307	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERGER, BERNARD	
STREET ADDRESS	14823 CUMBERLAND DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DANIELS, JERRY	
STREET ADDRESS	6585 KENSINGTON LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STEINBERG, ALBERT	
STREET ADDRESS	7370 S. ORIOLE BLVD #507	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thodore Ellis	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernard Berger	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Daniels	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albert Steinberg	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

see above
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 954 977 3777

CR2E037 (9/99)