

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 728792

1. Entity Name

ORIOLE VILLAGES CENTER, INC.

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

00040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1890491

Applied For

Not Applicable

Zip

Country

Zip

Country

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

4/28/00

Date

954 977 3777

Daytime Phone #

CR2E037 (9/99)