

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90199 046 ****61.25

DOCUMENT # 728792

1. Entity Name
ORIOLE VILLAGES CENTER, INC.



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

Mailing Address
341 S STATE ROAD 7
SUITE 12
MARGATE FL 33068



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
541 South State Road 7 Suite 12

3. Mailing Address
4780 N. State Rd 7

Suite, Apt. #, etc.
4780 N. State Rd 7 #250

Suite, Apt. #, etc.
Suite 250

City & State
Lauderlake Lakes

City & State
Lauderlake Lakes

Zip
33319

Country
Broward

Zip
33319

Country
USA

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

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

7. Name and Address of New Registered Agent

Name **Phoenix Management**

Street Address (P.O. Box Number is Not Acceptable)
4780 N. State Rd #7
Suite E-250

City **Lauderlake Lakes** **FL** Zip Code **33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Phoenix Management**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **ELLIS, TED**
STREET ADDRESS **7267 HUNTINGTON LANE APT 307**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **SD** ☐ Delete
NAME **BERGER, BERNARD**
STREET ADDRESS **14823 CUMBERLAND DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **TD** ☒ Delete
NAME **DANIELS, JERRY**
STREET ADDRESS **6585 KENSINGTON LANE**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **VPD** ☒ Delete
NAME **STEINBERG, ALBERT**
STREET ADDRESS **7370 S. ORIOLE BLVD #507**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **ALBERT STEINBERG**
STREET ADDRESS **7370 S. ORIOLE BLVD #507**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Change ☒ Addition
NAME **MORT HILLMAN**
STREET ADDRESS **7267 HUNTINGTON LANE**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **TD** ☒ Change ☒ Addition
NAME **S. H. HEST**
STREET ADDRESS **7531 S. ORIOLE BLVD**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE: [Signature] 1/20/03 561-964-1550

CR2E037 (10/02)