

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90074 041 \*\*\*\*61.25

**DOCUMENT # 731738**

1. Entity Name

**KINGS CREEK VILLAS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

8585-A SW 80TH PL  
 MIAMI FL 33143  
 US

8585-A SW 80TH PL  
 MIAMI FL 33143-7003  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1648913**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BLAIR, LEO J**  
**8535 SW 80 PLACE**  
**MIAMI FL 33143-7003**

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 LEO J. BLAIR, PRESIDENT

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	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MARTINEZ, SERGIO</b>
STREET ADDRESS	<b>8520 S W 80TH PLACE</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000 33143</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>BLAIR, LEO J</b>
STREET ADDRESS	<b>8535 SW 80 PLACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33143</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CALDWELL, JOCELYN</b>
STREET ADDRESS	<b>8525 SW 80 PL</b>
CITY-ST-ZIP	<b>MIAMI FL 33143-7003</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>EXELBERT, LOIS</b>
STREET ADDRESS	<b>8505 SW 80 PL</b>
CITY-ST-ZIP	<b>MIAMI FL 33143-7003</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WILLIAMS DON</b>
STREET ADDRESS	<b>8405 SW 80 PL</b>
CITY-ST-ZIP	<b>MIAMI FL 33143</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>DEL CARMEN CARRERA, MARIA</b>
STREET ADDRESS	<b>8445 SW 80 PLACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33143-7042</b>

TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BLAIR, NANCY L.</b>
STREET ADDRESS	<b>8535 SW 80 PLACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33143-7003</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Nancy L. Blair*

**NANCY L. BLAIR, SECRETARY**

3/9/00

305-596-2923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)