

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735058

1. Entity Name

VGH ASSOCIATION, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90073 008 ****61.25

Principal Place of Business

P.O. BOX 1444
BOYNTON BEACH FL 33425-1444
US

Mailing Address

P.O. BOX 1444
BOYNTON BEACH FL 33425-1444
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

59-1723906

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

APERAVICH, MARY
2R60 SW 14 STREET # 14
BOYNTON BEACH FL 33426

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: *Mary Aperavich*
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 NAME STREET ADDRESS CITY - ST - ZIP	VPD BUTCHER, ELIZABETH 2520 SW 28 AVE. # 44 BOYNTON BEACH FL 33426	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KIRBY, BARBARA 1400 SW 28TH AVE. #1 BOYNTON BEACH FL 33426	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD APERAVICH, MARY 2860 S.W. 14TH ST., #14 BOYNTON BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERRE, NITA 2860 SW 14 ST # 16 BOYNTON BEACH FL 33426	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCLKEMAS, MICHELLE 2540 S.W. 14TH CT., #39 BOYNTON BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)