

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742229

1. Entity Name

PLANTATION TENNIS VILLAS ASSOCIATION, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90032 010 \*\*\*\*61.25

Principal Place of Business

662 NE OCEAN BLVD  
STUART FL 34996  
US

Mailing Address

662 NE OCEAN  
STUART FL 34996-1623  
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

59-1907801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAZMIER, T  
662 NE OCEAN BLVD  
STUART FL 34996

7. Name and Address of New Registered Agent

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

*Tim Kazmier*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-20-00

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS BOGO, ROBERT  
CITY-ST-ZIP 35 SOUNDVIEW DR  
PORT WASHINGTON NY

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS HARVEY, LES  
CITY-ST-ZIP POST OFFICE BOX 1213  
ROCKLAND ME

TITLE ☒ Delete  
NAME PD  
STREET ADDRESS BURROW, DR. JARREL G  
CITY-ST-ZIP 514 NE PLANTATION RD #4411  
STUART FL

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS LAMBERT, HARRY  
CITY-ST-ZIP 2656 ALLISON CT  
COLUMBUS OH

TITLE ☐ Delete  
NAME ASD  
STREET ADDRESS ROLLINS, MARKHAM JR  
CITY-ST-ZIP 30 CARRIAGE HOUSE LANE  
MAMARONECK NY

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS Harvey, Les  
CITY-ST-ZIP 662 N.E. Ocean Blvd  
Stuart, FL 34996

TITLE ☐ Change ☒ Addition  
NAME ~~Grady, Bob AS~~  
STREET ADDRESS ASD  
CITY-ST-ZIP Grady, Bob  
662 N.E. Ocean Blvd, Stuart FL

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

TITLE ☒ Change ☐ Addition  
NAME S  
STREET ADDRESS Rollins, Markham JR  
CITY-ST-ZIP 662 N.E. Ocean Blvd  
Stuart FL 34996

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:

*Robert Bogo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 561-324-3600

Date

Daytime Phone #

CR2E037 (9/99)