

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746734

1. Entity Name

COUNTRY CLUB APARTMENTS OF MILES GRANT CONDOMINI

Principal Place of Business

5111 S.E. MILES GRANT RD..BOX 105A
STUART FL 34997

Mailing Address

5111 S.E. MILES GRANT RD..BOX 105A
STUART FL 34997-1873

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1917981

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

HELLEBERG, ALFRED
5111 MILES GRANT RD., APT. 205
STUART FL 34997

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 VPD ☐ Delete
NAME BILOTTA, JOSEPH
STREET ADDRESS 5111 SE MILES GRANT 101
CITY-ST-ZIP STUART, FL 00000

TITLE PD ☐ Delete
NAME BREWER, GORDON
STREET ADDRESS 5111 SE MILES GRANT RD #105
CITY-ST-ZIP STUART, FL 00000

TITLE SD ☐ Delete
NAME SINCLAIR, NORMA
STREET ADDRESS 5111 S.E. MILES GRANT RD, #202
CITY-ST-ZIP STUART, FL 00000 34997

TITLE TD ☐ Delete
NAME HELLEBERG, ALFRED
STREET ADDRESS 5111 SE MILES GRANT 205
CITY-ST-ZIP STUART FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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 of Alfred F. Helleberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 54-283-3743
Date Daytime Phone #