

DOCUMENT # 751437

1. Entity Name

KINGS COURT VILLAS, INC.

FILED

00 NOV -6 AM 10:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

Principal Place of Business

4379 TAMiami TRAIL, SUITE #250
PUNTA GORDA FL 33980

Mailing Address

4379 TAMiami TRAIL, SUITE #250
PUNTA GORDA FL 33980

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 59-2040997

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

CLAYTON, VIRGINIA C.
4379 TAMiami TRAIL, SUITE #250
PUNTA GORDA FL 33980

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

After September 13, 2000 min. will be \$236.25

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	DP	☐ Delete
NAME	BUELOW, DALE	
STREET ADDRESS	4379 TAMiami TRAIL	
CITY-ST-ZIP	CHARLOTTE HRBR, FL 00000	
TITLE	STD	☐ Delete
NAME	CLAYTON, VIRGINIA	
STREET ADDRESS	18403 MEYER AVE., SW	
CITY-ST-ZIP	PORT CHARLOTTE, FL 00000	
TITLE	VPD	☐ Delete
NAME	BECK, ADAM	
STREET ADDRESS	820 KINGS CT H	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	600003478356--7
STREET ADDRESS	-11/28/00--01056--021
CITY-ST-ZIP	****175.00 ****175.00
TITLE	☐ Change ☐ Addition
NAME	600003478356--7
STREET ADDRESS	-11/28/00--01056--022
CITY-ST-ZIP	*****61.25 *****61.25
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00

Date

941-6296534

Daytime Phone #

CR2E037 (5/00)