

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90002 046 \*\*\*\*61.25

**DOCUMENT #** 76 0475  
**1. Entity Name**  
VERSAILLES GARDENS CONDOMINIUM

**Principal Place of Business**  
8001 COLONY CIRCLE N.  
TAMARAC, FL 33321  
**Mailing Address**  
8001 COLONY CIRCLE N.  
TAMARAC, FL 33321

**2. Principal Place of Business**  
8001 COLONY CIRCLE N.  
**3. Mailing Address**  
8001 COLONY CIRCLE NORTH  
**Suite, Apt. #, etc.**

**City & State**  
TAMARAC, FL  
**City & State**  
TAMARAC, FL  
**Zip** 33321  
**Country** BROWARD  
**Zip** 33321  
**Country** BROWARD

**4. FEI Number**  
59-239 0137  
**Applied For**  
Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
JOE GANGUZZA  
150 WEST FLAGLER ST. SUITE 2701  
MIAMI, FL 33130

**7. Name and Address of New Registered Agent**  
**Name** JOE GANGUZZA  
**Street Address (P.O. Box Number is Not Acceptable)**  
150 WEST FLAGLER ST SUITE 2701  
**City** MIAMI, FL **FL** **Zip Code** 33130

**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** JOE GANGUZZA, ASSOCIATION ATTORNEY 04/10/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) **DATE**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	ROBERT LIGOUR <input checked="" type="checkbox"/> Delete 9050 PINE BLV. PEMBROKE PINES FL 33024
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	KEN SLITILIN <input checked="" type="checkbox"/> Delete 7960 COLONY CIRCLE N. TAMARAC, FL 33321
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	U. President <input checked="" type="checkbox"/> Delete DAVID SANDERS 7801 Colony Circle S. 102 TAMARAC, FL 33321

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DAVID SANDERS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7801 COLONY CIRCLE TAMARAC, FL 33321
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	JOE FONS INC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 1089 BROOKFIELD, CT 06008-1089
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Jo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8444 W. OAKLAND PARK BLVD. FT. LAUDERDALE, 33351
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** David Sanders **04/10/00** **954-722-5688**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)