

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767276

1. Entity Name

LAKE OF THE MEADOW VILLAGE HOMES MASTER MAINTEN

Principal Place of Business

Mailing Address

GUARANTEE MGMT. SRVS.
111 FONTAINEBLEAU BLVD.
MIAMI FL 33172
US

GUARANTEE MGMT. SRVS.
111 FONTAINEBLEAU BLVD.
MIAMI FL 33172-4507
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

59-2165738

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

SKRLD, INC.
201 ALHAMBRA CIRCLE, #1102
CORAL GABLES FL 33134

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 PD ☐ Delete
NAME BERG, OLGA
STREET ADDRESS 15070 SW 49 LANE, #B
CITY-ST-ZIP MIAMI FL 33185

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

TITLE V ☐ Delete
NAME DAVIS, TERRI
STREET ADDRESS 15215 SW 48 TERRACE, #F
CITY-ST-ZIP MIAMI FL 33185

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

TITLE TD ☐ Delete
NAME ENGLAND, NANCY
STREET ADDRESS 15060 SW 49 LANE, #A
CITY-ST-ZIP MIAMI FL 33185

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

TITLE SD ☐ Delete
NAME BEHAR, JOSEPH
STREET ADDRESS 15060 SW 49 LANE, #C
CITY-ST-ZIP MIAMI FL 33185

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

TITLE D ☐ Delete
NAME MORAN, JOHN JORDAN
STREET ADDRESS 14945 E S.W. 48TH TERRACE, #E
CITY-ST-ZIP MIAMI FL 33185

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

TITLE ☐ Delete
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)