

2000 UNIFORM BUSINESS REPORT (UBR)

0006195 AF

FILED

00 APR 10 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005808

1. Entity Name
POULOS VILLAGE, L.L.C.

Principal Place of Business
119 THORNTON DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address
119 THORNTON DRIVE
PALM BEACH GARDENS FL 33418-8089

2. Principal Place of Business
200-240 CROTON AVENUE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
LAUDERDALE, FL 33462
Zip 33462 Country USA

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUERBERG, ERIC M
712 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH FL 33408

Name Anne Poulos

Street Address (P.O. Box Number is Not Acceptable)

119 THORNTON DR

City PBG

FL

Zip Code 33418

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/7/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

☐ Change ☐ Addition

MGR.
ANNE POULOS, INC.
119 THORNTON DRIVE
PALM BEACH GARDENS FL 33418

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4000003221784--2
-04/24/00--01165--023
*****50.00 *****50.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)