

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008506

1. Entity Name

VILLA SETON, INC.

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90037 031 ****70.00

Principal Place of Business

Mailing Address

9995 N. MILITARY TRAIL
PALM BEACH GARDENS FL 33410

PO BOX 109650
PALM BEACH GARDENS FL 33410-9650

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

31-1775150 APPLIED FOR

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

J. PATRICK FITZGERALD, ESQ.
110 MERRICK WAY
SUITE 3-B
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
NAME MCMAHON, JOHN R REV.
STREET ADDRESS 370 S.W. THIRD STREET
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

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

TITLE VD
NAME MURPHY, RICHARD REV.
STREET ADDRESS POST OFFICE BOX 3758
CITY-ST-ZIP VERO BEACH FL 32964 ☐ Delete

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

TITLE SD
NAME SCHUTZ, MADELEINE
STREET ADDRESS POST OFFICE BOX 109650
CITY-ST-ZIP PALM BEACH GARDENS FL 33410-9850 ☐ Delete

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

TITLE TD
NAME ZALOOM, BASIL J
STREET ADDRESS POST OFFICE BOX 109650
CITY-ST-ZIP PALM BEACH GARDENS FL 33410-9650 ☐ Delete

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

TITLE ASTD
NAME MCGINLEY, KEVIN
STREET ADDRESS 1300 N. CONGRESS AVENUE #C
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

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

TITLE D
NAME SZPIEG, EDMUND REV.
STREET ADDRESS 930 S.W. TUNIS AVENUE
CITY-ST-ZIP PORT ST. LUCIE FL 34953 ☐ Delete

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

Signature of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)