

2001 UNIFORM BUSINESS REPORT (UBR)

4/4

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-04-2001 90093 037 ****61.25

DOCUMENT # N02571

1. Entity Name

MONTPELIER VILLAGE CLUB, INC.

Principal Place of Business

5605 MORMON DRIVE
 ORLANDO FL 32821

Mailing Address

5605 MORMON DRIVE
 ORLANDO FL 32821

2. Principal Place of Business

135 W. Pineview Street

Suite, Apt. #, etc.

3. Mailing Address

135 W. Pineview Street

Suite, Apt. #, etc.

City & State

Altamonte Springs, Fl

City & State

Altamonte Springs, Fl

4. FEI Number

59-2481433

Applied For

Not Applicable

Zip

32714

Country

US

Zip

32714

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEAN, PAUL L
 1305 E. ROBINSON ST., STE C
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **Presidential Group South, Inc.**

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

City **Altamonte Springs** **FL** Zip Code **32714**

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

Anthony Guadagnino
ANTHONY F. GUADAGNINO

4/11/01
 DATE

Signature, typed or printed name of registered agent if applicable

(NOTE: Registered Agent signature required when reinstated)

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JOHN B	
STREET ADDRESS	10567 MONTPELIER CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, JERALD L	
STREET ADDRESS	10504 MONTPELIER CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURAWSKI, FRANCES	
STREET ADDRESS	5620 MINARET COURT	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGUETTE AUTHIER	
STREET ADDRESS	10149 MASON DIXON CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32821	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMILLA PHILLIPS	
STREET ADDRESS	5541 WILDFLOWER RD.	
CITY-ST-ZIP	ORLANDO, FL 32821	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

John B. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)