

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90193 027 \*\*\*\*61.25

**DOCUMENT # N02571**

1. Entity Name

**MONTPELIER VILLAGE CLUB, INC.**

Principal Place of Business

135 W PINEVIEW STREET  
 ALTAMONTE SPRINGS FL 32714

Mailing Address

135 W PINEVIEW STREET  
 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2481433**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PRESIDENTIAL GROUP SOUTH, INC**  
**135 W PINEVIEW STREET**  
**ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, JOHN B	
STREET ADDRESS	10567 MONTPELIER CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	AUTHIER, HUGUETTE	
STREET ADDRESS	10149 MASON DIXON CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MURAWSKI, FRANCES	
STREET ADDRESS	5620 MINARET COURT	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, CAMILLA	
STREET ADDRESS	5541 WILDFLOWER ROAD	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACON, SHIRLEY	
STREET ADDRESS	5602 MINARET COURT	
CITY-ST-ZIP	ORLANDO, FL 32821	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORIS GINDIN	
STREET ADDRESS	10302 MATCHLOCK DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32821	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLOS UBINAS	
STREET ADDRESS	5632 MINARET COURT	
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: **FRANCES MURAWSKI**

1-22-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)