

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90087 047 \*\*\*\*61.25

**DOCUMENT # N93000000853**

1. Entity Name

**VILLAGE GREEN OF FOREST LAKES CONDOMINIUM, SECTI**

Principal Place of Business

Mailing Address

2477 STICKNEY PT RD  
 118A  
 SARASOTA FL 34231  
 US

2477 STICKNEY PT RD  
 118A  
 SARASOTA FL 34231  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2110237**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**ASARCH, LARRY V**  
**2477 STICKNEY PT N**  
**118A**  
**SARASOTA FL 34231**

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 \_\_\_\_\_ (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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHEUER, DAVID</b>	
STREET ADDRESS	<b>3655 COLLINS</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MURPHY, MARY A</b>	
STREET ADDRESS	<b>3694 COLLINS</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>DEROSE, LYDIA</b>	
STREET ADDRESS	<b>1638 STAFFORD LN.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ESTES, ESTELLE</b>	
STREET ADDRESS	<b>3686 COLLINS</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>PURTELL, VINCENT</b>	
STREET ADDRESS	<b>3647 COLLINS</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>ASARCH, LARRY</b>	
STREET ADDRESS	<b>2100 CONSTITION</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BECHTEL, ROY</b>	
STREET ADDRESS	<b>3662 COLLINS</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PETERSON, RAY</b>	
STREET ADDRESS	<b>3670 COLLINS</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
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: Larry V Asarch **LARRY ASARCH** 2-24-01 **941 927-6464**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)