2000 UNIFORM BUSINESS REPORT (UBR)

Aug 02, 2000 8:00 am Secretary of State DOCUMENT # N93000002765 1. Entity Name VIZCAYA VILLAS HOMEOWNERS' ASSOCIATION, INC. 04-13-2000 90052 024 ****61.25 Principal Place of Business Mailing Address 7200 GRIFFIN RD 7200 GRIFFIN RD STE 38 **STE 38** DAVIE FL 33314-4144 DAVIE FL 33314 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0508823 Not Applicable Zip Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCARDLE, GEORGE E 7200 GRIFFIN RD 3B DAVIE FL 33314 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be Make Check Payable to 9. Election Campaign Financing **FILE NOW:** Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition 66/6) ☐ Change TITLE TITLE ☐ Delete NAME FEINSTEIN, ERIC NAME **CR2E037** STREET ADDRESS STREET ADORESS 7200 GRIFFING RD 3B CITY-ST-7IP CITY-ST-ZIP **DAVIE FL 33314** Change ☐ Addition TITLE MILE NAME BARR, JOHN E NAME STREET ADDRESS STREET ADDRESS 7200 GRIFFING RD 3B CITY-ST-7IP COY-ST-ZIP DAVIE FL 33314 ☐ Change ☐ Addition TITLE TITLE **n**~ MCARDLE, GEORGE E NAME NAME STREET ADDRESS STREET ADDRESS 7200 GRIFFING RD 38 CITY - ST - ZIP., CITY=ST-ZIP. DAVIE FL-33314-☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

NITED NAME OF SIGNING OFFICER OR DIRECTOR

4/1

FILED

L b	
(p	
lo	
P	
• • •	
THIS SPACE	
	pplied For ot Applicable
\$8.75 Add	Iditional
tered Agent	
FL Zip Cod	de
neck Payable to tment of State	3
ND DIRECTORS IN	
☐ Change	☐ Addition
☐ Change	Addition
☐ Change	Addition
☐ Change	Addition
☐ Change	Addition
☐ Change	☐ Addition
1	Fee Require FL Zip Coo DATE DATE DECK Payable to ment of State ND DIRECTORS IN Change Change

Daytime Phone #

SIGNATURE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

80060877 #000000E 1 APR 1 3 2000 DEPARTMENT OF STATE ACCT. #:1009068796 FOR DEPOSIT ONLY