FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 15, 2001 8:00 am DOCUMENT # P93000068991 **Secretary of State** HOLIDAY VILLAGE OF SANDPIPER, INC. 03-15-2001 90010 016 \*\*\*150.00 Principal Place of Business Mailing Address 3500 SE MORNINGSIDE BLVD. 75 VALENCIA AVE PORT ST. LUCIE FL 34952 12TH FL CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0439807 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. STE 105 TALLAHASSEE FL 32301 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE NICOLAS, JAPY Colliat, Dominique NAME NAME 75 VALENCIA AVE 12TH FL STREET ADDRESS STREET ADDRESS 75 Valencia Ave., 12 th Floor CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP Coral Gables, FL 33134 ☐ Delete MARTIN, YVES NAME NAME Postic, Alain 75 VALENCIA AVE 12TH FL STREET ADDRESS STREET ADDRESS 75 Valencia Ave., 12th Floor CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP Coral Gables, FL 33134 X Delete TITLE ☐ Change ☐ Addition TITLE RINDER, MARK-MAME NAME 75 VALENCIA AVE 12TH FL STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-7IP CITY-ST-7iP TITLE Delete TITLE ☐ Change Addition KIRSCH, EILEEN NAME NAME 75 VALENCIA AVE 12TH FL STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition FAGAN, ROBERT NAME NAME 75 VALENEIA AVE 12TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.