

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90674 007 ***158.75

0212285 AV

DOCUMENT # P93000068991

1. Entity Name
HOLIDAY VILLAGE OF SANDPIPER, INC.

Principal Place of Business
**3500 SE MORNINGSIDE BLVD.
PORT ST. LUCIE FL 34952**

Mailing Address
**75 VALENCIA AVE
12TH FL
CORAL GABLES FL 33134
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0439807**

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

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST. STE 105
TALLAHASSEE FL 32301**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLLIAT, DOMINIQUE 75 VALENCIA AVE 12TH FL CORAL GABLES FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, YVES 75 VALENCIA AVE 12TH FL CORAL GABLES FL 33134	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCV POSTIC, ALAIN 75 VALENCIA AVE 12TH FL CORAL GABLES FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV KIRSCH, EILEEN 75 VALENCIA AVE 12TH FL CORAL GABLES FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAGAN, ROBERT 75 VALENCIA AVE 12TH FLOOR CORAL GABLES FL 33134	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Alex R. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2002 305-925-9000

Date

Daytime Phone #

CR2E034 (9/01)