

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720053

1. Entity Name

SEMINOLE-ON-THE-GREEN, VILLAS UNIT NO. TWO SOUTH

Principal Place of Business

Mailing Address

9996 SEMINOLE BLVD.  
SEMINOLE FL 33772  
US

9996 SEMINOLE BLVD.  
SEMINOLE FL 33772-2535  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1675387

Applied For

Not Applicable

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

DEBONO, MANNY  
9064 GOLDEN HORSESHOE DRIVE  
SEMINOLE FL 33777

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME P  
STREET ADDRESS DEBONO, MANNY  
CITY-ST-ZIP 9064 GOLDEN HORSESHOE DRIVE  
SEMINOLE FL 33777

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS HALPIN, BOB  
CITY-ST-ZIP 6531 GOLDEN HORSESHOE DR  
SEMINOLE FL 33777

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS KELLEY, STAN  
CITY-ST-ZIP 9066 GOLDEN HORSESHOE DRIVE  
SEMINOLE FL 33777

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS DEBONO, CELESTE  
CITY-ST-ZIP 9064 GOLDEN HORSESHOE DR  
SEMINOLE FL 33777

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ANDRAE, BILL  
CITY-ST-ZIP 9046 GOLDEN HORSESHOE DR  
SEMINOLE FL 33777

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS MCKEOWN, BILL  
CITY-ST-ZIP 9034 GOLDEN HORSESHOE DR  
SEMINOLE FL 33777

TITLE ☒ Change ☐ Addition  
NAME WHITNEY BLOOM  
STREET ADDRESS 9054 Golden Horseshoe Drive  
CITY-ST-ZIP SEMINOLE, FL 33777

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: *X Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 18, 2000 8:00 am  
Secretary of State

04-18-2000 90177 034 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)