

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90476 044 ****70.00

DOCUMENT # 725121

1. Entity Name
THE VILLAGE SOUTH, INC.

Principal Place of Business Mailing Address
3180 BISCAYNE BLVD. **3180 BISCAYNE BLVD.**
MIAMI FL 33137 **MIAMI FL 33137-4127**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1452736** Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GISSEN, MATTHEW
3180 BISCAYNE BLVD.
MIAMI FL 33137

7. Name and Address of New Registered Agent
 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 _____
 Signature, typed or printed name of registered agent and title if applicable

FILE NOW:
SEE 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	DST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, HENRY		NAME		
STREET ADDRESS	1200 SW 137 AVE APT E 102		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JAMES		NAME		
STREET ADDRESS	1007 GREEN PINE BLVD UNIT G3		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDER, JAY		NAME	HOLDER, JAY	
STREET ADDRESS	5990 BIRD ROAD		STREET ADDRESS	975 41st Street	
CITY-ST-ZIP	MIAMI FL 33155		CITY-ST-ZIP	Miami Beach, FL	
TITLE	DPC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREADWAY, DEEANNE		NAME		
STREET ADDRESS	1717 N BAYSHORE DR UNIT 3256		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP		
TITLE	AST	<input checked="" type="checkbox"/> Delete	TITLE	AST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIZZLE, NANCY		NAME	GRIZZLE, NANCY	
STREET ADDRESS	10040 SHERIDAN ST APT 202		STREET ADDRESS	569 NW 208 Way	
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP	Pembroke Pines, FL 333029	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **NANCY GRIZZLE** **MATTHEW GISSEN** **4/26/00** **305-571-2628**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)