

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90289 025 ****61.25

DOCUMENT # 720053

1. Entry 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
 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 **ROBERT HALPIN**

Street Address (P.O. Box Number is Not Acceptable)

6531 GOLDEN HORSESHOE DR

City

SEMINOLE

FL

Zip Code

33777

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

Robert Halpin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/01

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

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **MARGARET RIDEN**
 STREET ADDRESS **9044 GOLDEN HORSESHOE DRIVE**
 CITY-ST-ZIP **SEMINOLE, FL 33777**

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

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

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

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

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

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **WAYNE GAMBLE**
 STREET ADDRESS **6550 GOLDEN HORSESHOE DRIVE**
 CITY-ST-ZIP **SEMINOLE, FL 33777**

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

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

TITLE **D** ☒ Delete
 NAME **BLOOD, WHITNEY**
 STREET ADDRESS **9054 GOLDEN HORSESHOE DRIVE**
 CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **NORA RYAN**
 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:

Robert Halpin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)