

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90070 002 ****70.00

DOCUMENT # N40934

1. Entity Name

VILLA ASSUMPTA, INC.

Principal Place of Business

Mailing Address

**2539 NE MISSION DRIVE
 STE 9-B
 JENSEN BEACH FL 34957
 US**

**C/O P.O. BOX 109650
 PALM BCH GARDENS FL 33410
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0233825

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

**FITAGERALD, J. PATRICK
 110 MERRICK WAY
 SUITE 3-B
 CORAL GABLES FL 33134**

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 **PD** ☐ Delete
 NAME **MCMAHON, JOHN R. REV.**
 STREET ADDRESS **370 S.W. THIRD STREET**
 CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **VSP** ☐ Delete
 NAME **MURPHY, RICHARD**
 STREET ADDRESS **1200 EAST 10TH STREET**
 CITY-ST-ZIP **STUART FL**

TITLE **VSP/D** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ASTD** ☐ Delete
 NAME **MCGIHEY, KEVIN**
 STREET ADDRESS **1300 N CONGRESS AVE #C**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

TITLE **D** ☐ Delete
 NAME **PAPES, ROBERT**
 STREET ADDRESS **1190 DOLPHIN RD**
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

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

TITLE **S** ☐ Delete
 NAME **SCHUTZ, MADELEINE LCSW**
 STREET ADDRESS **9995 N. MILITARY TRAIL**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE **T** ☐ Delete
 NAME **ZALOOM, BASIL**
 STREET ADDRESS **9995 N MILITARY TRAIL**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **TD** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Madeline Schutz* **SECRETARY OF STATE** *1-16-02* *561-775-9561*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)