

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90088 013 ****70.00

DOCUMENT # N40934

1. Entity Name

VILLA ASSUMPTA, INC.



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **65-0233825**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ 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: *MADELEINE SCHUTZ*

CR2E037 (10/02)