

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 236266

1. Entity Name

NATIONAL PLANNED COMMUNITIES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90376 001 *1,200.00

Principal Place of Business

Mailing Address

6917 COLLINS AVE
MIAMI BEACH FL 33141-3263
US

6917 COLLINS AVE
MIAMI BEACH FL 33141-3263
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 **59-6073343**

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NESTOR, BRENDA
6917 COLLINS AVENUE
SUITE 1611
MIAMI BEACH FL 33141

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	FIELD, LISA M	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	AT	<input type="checkbox"/> Delete
NAME	LAUNER, BLANCHE S.	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	PDCC	<input type="checkbox"/> Delete
NAME	POSNER, VICTOR	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141-3263	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NESTOR, BRENDA	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141-3263	
TITLE	VCEV	<input checked="" type="checkbox"/> Delete
NAME	NESTOR, BRENDA	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141-3263	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Chairman/EVP/Secy/ Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Blanche Launer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

(305) 866-7272

Date

Daytime Phone #