

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90386 024 \*\*\*150.00

**DOCUMENT # 236266**

**1. Entity Name**  
**NATIONAL PLANNED COMMUNITIES, INC.**

**Principal Place of Business**  
**6917 COLLINS AVE**  
**MIAMI BEACH FL 33141-3263**  
**US**

**Mailing Address**  
**6917 COLLINS AVE**  
**MIAMI BEACH FL 33141-3263**  
**US**



**2. Principal Place of Business** 1250 E. Hallandale Beach Blvd.  
**3. Mailing Address** 1250 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 300**

**Suite 300**

City & State

City & State

**Hallandale Florida**

**Hallandale Florida**

Zip

Country

Zip

Country

**33009**

**US**

**33009**

**US**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** **59-6073343**

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name  
**Brenda Nestor**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1250 E. Hallandale Beach Blvd.**  
**Suite 300**  
 City  
**Hallandale** **FL** Zip Code  
**33009**

**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 *Brenda Nestor*  
 Signature, typed or printed name of registered agent and title if applicable.  
**Brenda Nestor / President**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/5/02**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

## 11. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete  
 NAME **FIELD, LISA M**  
 STREET ADDRESS **6917 COLLINS AVE**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **AT** ☐ Delete  
 NAME **LAUNER, BLANCHE S.**  
 STREET ADDRESS **6917 COLLINS AVE**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **PDCC** ☒ Delete  
 NAME **POSNER, VICTOR**  
 STREET ADDRESS **6917 COLLINS AVE**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141-3263**

TITLE **VSTC** ☐ Delete  
 NAME **NESTOR, BRENDA**  
 STREET ADDRESS **6917 COLLINS AVE**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141-3263**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1250 E. Hallandale Beach Blvd. Suite 300**  
 CITY-ST-ZIP **Hallandale, Florida 33009**

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

TITLE **Chairman/Pres/CEO/Asst Treas** ☒ Change ☐ Addition  
 NAME **Asst Secy/Director**  
 STREET ADDRESS **1250 E. Hallandale Beach Blvd. Suite 300**  
 CITY-ST-ZIP **Hallandale, Florida 33009**

TITLE **Vice Chairman/ExVP/AT/AS/Dir** ☐ Change ☒ Addition  
 NAME **Colvin Melvin R.**  
 STREET ADDRESS **1250 E. Hallandale Beach Blvd. Suite 300**  
 CITY-ST-ZIP **Hallandale Florida 33009**

TITLE **CFO/AT** ☐ Change ☒ Addition  
 NAME **McGann Edward T.**  
 STREET ADDRESS **1250 E. Hallandale Beach Blvd. Suite 300**  
 CITY-ST-ZIP **Hallandale Florida 33009**

**13. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Brenda Nestor / President**

Date

**4/5/02**

Daytime Phone #

**954-458-4343**

CR2E034 (9/01)