

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90152 035 ***150.00

DOCUMENT # 611223

1. Entity Name
GARDEN ISLE VILLAS, INC.

Principal Place of Business

316 SE 10TH AVE.
POMPANO BCH FL 33060

Mailing Address

316 SE 10TH AVE.
POMPANO BCH FL 33060

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2626 E. COMMERCIAL BLVD

Suite, Apt. #, etc. 4

City & State

FORT LAUDERDALE, FL

Zip

33308

Country

USA

4. FEI Number 59-2140256

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

TIRELLA, MICHAEL J
309 C SE 11 AVE
POMPANO BCH FL 33060

Name MANAGEMENT ASSIST, INC

Street Address (P.O. Box Number is Not Acceptable)
2626 E. COMMERCIAL BLVD, #4

City FORT LAUDERDALE

FL

Zip Code 33308

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 IAN SUMNER, VP. 4/24/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME TIRELLA, MICHAEL J
STREET ADDRESS 309 C SE 11 AVE
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE PD ☐ Change ☒ Addition
NAME PHILLHOWER
STREET ADDRESS 308A SE 10 AVE
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE VPD ☐ Delete
NAME WILSON, SUZANNE
STREET ADDRESS 316 B SE 10 AVE
CITY-ST-ZIP POMPANO BEACH FL 33060

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

TITLE TD ☒ Delete
NAME MARTIN, JAMES
STREET ADDRESS 320D SE 10 AVE
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ Change ☒ Addition
NAME PARRISH, GLENN
STREET ADDRESS SD 312 D SE 10 AVE
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE D ☒ Delete
NAME MARKS, RICHARDS
STREET ADDRESS 320 B SE 10 AVE
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE TD ☐ Change ☒ Addition
NAME GRAY, ARLENE
STREET ADDRESS 321 D SE 11 AVE
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE SD ☒ Delete
NAME HEATON, MARY
STREET ADDRESS 305 B SE 11 AVE
CITY-ST-ZIP POMPANO BCH FL 33060

TITLE D ☐ Change ☒ Addition
NAME PRESSMAN, TIMOTHY
STREET ADDRESS 321C SE 11 AVE
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE: TOOD PHILLHOWER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)