

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709385

1. Entity Name

GOLF RIDGE VILLAS CONDOMINIUM UNIT B, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90044 011 ****61.25

Principal Place of Business

Mailing Address

20500 NW SEVENTH AVE
MIAMI FL 33169-2422

20500 NW SEVENTH AVE
MIAMI FLA 33169-2447
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

59-1368650

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

RAMSEY, ADELE
20500 NW 7TH AVE. STE 6
MIAMI FL 33169

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
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
RAMSEY, ADELE
20500 NW 7TH AVE
MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PAUL, MARIE D
20500 NW 7TH AVE
MIAMI FL 33169 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FLORES, JEANETTE
20500 NW 7TH AVE
MIAMI, FL 33169 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DAZOULOUTE, JAMES P
20500 NW 7TH AVE.
MIAMI FL 33169 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HENRY, ERROL A.
20500 NW 7TH AVE
MIAMI, FL 33169 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADELE RAMSEY

Date

2-24-00

Daytime Phone #

305-651-7497

CR2E037 (9/99)