

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 716931**

1. Entity Name

THE PLANTATION ACRES HOME AND LAND OWNERS IMPROV

Principal Place of Business

880 NW 116TH AVE
PLANTATION FL 33325

Mailing Address

9715 W BROWARD BLVD #100
PLANTATION FL 33324-2351
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GEORGE, JOHN P.A.
315 SE 7TH ST
SUITE 200
FT LAUDERDALE FL 33301

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

TITLE ☐ DeleteNAME PD
STREET ADDRESS GEORGE, JOHN G
CITY-ST-ZIP 880 NW 116TH AVE
PLANTATION FL 33325TITLE ☐ DeleteNAME VPD
STREET ADDRESS FERRIS, NICK
CITY-ST-ZIP 11731 NW 27TH ST
PLANTATION FL 33323TITLE ☐ DeleteNAME SD
STREET ADDRESS MARY LOSHIN
CITY-ST-ZIP 11430 NW 18TH ST
PLANTATION FL 33323TITLE ☐ DeleteNAME TD
STREET ADDRESS ANTHONY E FENECH
CITY-ST-ZIP 1201 NW 118TH AVE
PLANTATION FL 33323TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AddNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED**Feb 14, 2000 8:00 am**
Secretary of State

02-14-2000 90012 017 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent