

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/2

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90030 046 \*\*\*\*61.25

**DOCUMENT # 717746**

1. Entity Name

**VILLAS SOCIAL CLUB, INC.**

Principal Place of Business

**4301 N.W. 48TH AVE  
FORT LAUDERDALE FLA 33319-4659**

Mailing Address

**4301 N.W. 48TH AVE  
FORT LAUDERDALE FLA 33319-4659**

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

**59-1366036**

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

**MILES, JAMES  
10034 W. MCNAB ROAD  
TAMARAC FL 33321**

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

**JAMES R. MILES**

**Feb. 10, 2000**

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	PD PHILLIPS, CARLTON 4209 N W 50TH TERRACE LAUDERDALE LAKES FL 33319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HODGES, DRAPER H 4310 N.W 50TH AVE LAUDERDALE LAKES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, RHONA 4976 NW 42ND COURT LAUDERDALE LAKES FL 33319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAILEY, WINSOME 4241 N W 51ST AVENUE LAUDERDALE LAKES FL 33319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, NEVILLE 4398 N W 46TH CIRCLE LAUDERDALE LAKE FL 33319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGGIO, TERRY 4331 N W 49TH TERRACE LAUDERDALE LAKES FL 33319	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. Draper H. Hodges 4310 N.W 50th Avenue Lauderdale Lakes, FL 33319-4666	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 VP Eileen Walker 4291 N W 49th Terrace Lauderdale Lakes, FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Renee Dichner 5039 N W 42nd Street Lauderdale Lakes, FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Winsome Bailey 4241 N W 51st Avenue Lauderdale Lakes, FL 33319	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C. D Carmen Hamilton 4933 N W 43 rd Street Lauderdale Lakes, FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R/S. D Elsie Baddal 4230 N W 51st Avenue Lauderdale Lakes, FL 33319	<input type="checkbox"/> Change <input type="checkbox"/> 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

**Feb. 10, 2000 (954) 731-0143**

Date

Daytime Phone #

CR2E037 (9/99)