

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90089 009 *****61.25

DOCUMENT # 719845

1. Entity Name

HOLLY GREENS VILLA, INC.

Principal Place of Business

**3070 GULF SHORE BLVD NO
NAPLES FL 34103
US**

Mailing Address

**3070 GULF SHORE BLVD NO
NAPLES FL 33940**

642 92



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/o The Warner Corp.

Suite, Apt. #, etc.

886 110th Ave. N., #7

City & State

Naples, FL

Zip

34108

Country

U.S.

3. Mailing Address

C/o The Warner Corp.

Suite, Apt. #, etc.

886 110th Ave. N., #7

City & State

Naples, FL

Zip

34108

Country

US

4. FEI Number

59-1405101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DARR, ARTHUR S
2373 DAVID BLVD
NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name

Bryan J. Warner

Street Address (P.O. Box Number is Not Acceptable)

C/o The Warner Corp.

886 110th Ave. N., #7

City

Naples, FL

FL

Zip Code

34108

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.

Bryan J. Warner

(NOTE: Registered Agent signature required when reinstating)

PROPERTY MANAGER

4/16/01
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	D	<input checked="" type="checkbox"/> Delete
NAME	HERTZER, FRED JR	
STREET ADDRESS	3070 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MEYERS, MIKE	
STREET ADDRESS	3070 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHELAN, ALBERT	
STREET ADDRESS	3070 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOMER, EDWIN	
STREET ADDRESS	3070 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, JOAN	
STREET ADDRESS	3070 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DECKER, JANICE	
STREET ADDRESS	3070 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 00000	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLMEN, PATRICIA	
STREET ADDRESS	3070 Gulf Shore Blvd. N., # 205	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, MIKE	
STREET ADDRESS	3070 Gulf Shore Blvd. N. # 203	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMER, EDWIN	
STREET ADDRESS	3070 GULF SHORE BLVD N., #101	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOAN	
STREET ADDRESS	3070 Gulf Shore Blvd N., #203	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DECKER, BEVERLY	
STREET ADDRESS	72 PROSPECT ST	
CITY-ST-ZIP	BARRINGTON, RI 02806	

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 **JOAN JOHNSON**

4/17/01

Date

941-403-0371

Daytime Phone #

CR2E037 (10/00)