

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719845

1. Entity Name

HOLLY GREENS VILLA, INC.

**FILED**  
May 17, 2002 8:00 am  
Secretary of State

05-17-2002 90027 050 \*\*\*\*61.25

Principal Place of Business

C/O THE WARNER CORP  
886 110TH AVE N #7  
NAPLES FL 34108  
US

Mailing Address

C/O THE WARNER CORP  
886 110TH AVE N #7  
NAPLES FL 34108  
US

2. Principal Place of Business

% MELDON CONSULTANTS  
Suite, Apt. #, etc.  
800 HARBOUR DRIVE  
City & State  
Naples, FL

3. Mailing Address

% MELDON CONSULTANTS  
Suite, Apt. #, etc.  
800 HARBOUR DRIVE  
City & State  
Naples, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1405101	Applied For	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WARNER, BRIAN J  
C/O THE WARNER CORP  
886 110TH AVE N #7  
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name: THOMAS E. MELDON  
Street Address (P.O. Box Number is Not Acceptable)  
% MELDON CONSULTANTS  
800 HARBOUR DRIVE  
City: Naples FL Zip Code: 34103

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: Thomas E. Meldon DATE: 4/24/02  
(NOTE: Registered Agent signature required when reinstating)

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	VD OLMEN, PATRICIA 3070 GULF SHORE BLVD N #205 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYERS, MIKE 3070 GULF SHORE BLVD N #203 NAPLES FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHELAN, ALBERT 3070 GULF SHORE BLVD N NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOMER, EDWIN 3070 GULF SHORE BLVD N #101 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JOAN 3070 GULF SHORE BLVD N #202 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DECKER, BEVERLY 72 PROSPECT ST BARRINGTON RI 02806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: Thomas E. Meldon DATE: 4/25/02  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)