## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 720770**

1. Entity Name

GOLD	KEY VILLAS WEST,	ING.				03-13-2001 30031	022 (	51.25	
Principal Plac	ce of Business	Mailing Addre	Mailing Address						
2211 N.W. 81 Sunrise Fl US			2211 N.W. 81 TERRACE SUNRISE FL 33322 US			ARIJA SIRKI KANSI KANSI SANG RANG ALAM A	1 <b>0</b> 14 <b>010</b> 41 <b>010</b> 11	118H 818U 1881	
2. Principal F	Place of Business	3. Mailing Add	3. Mailing Address						
Suite, Apt.	. #, etc.	Suite, Apt.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
City & Star	te	City & State	City & State			4. FEI Number			
Zip	Country	Zip	Col	untry	5. Certificate	of Status Desired	\$8.75 Add	ditional	
	6. Name and Address	of Current Registered Agent	<b>I</b>		7. Name and	Address of New Registered	<u>'</u>		
SCHRAGER, PATRICIA 8201 NW 23 STREET SUNRISE FL 33322  8. The above named entity submits this statement for the purpose of changing its reg				Street Address (P.O. Box Number is Not Acceptable)  2 4 4 1 N. W. 8 2 7 Way  City Sunrisc FL Zip Code 3 3 3 3 2 2					
SIGNATURE .	Signature, typed or printed name of r	Y. Woods Pregistered agent and title if applicable.	(NOTE: Registere		quired when reinstating) 5.00 May Be	4/30/01 DATE Make Check I	Pavable to		
FEE IS \$61.25		Trust Fu	Trust Fund Contribution.   Added			I to Fees Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
10.	PD	RS AND DIRECTORS	Delete TITL	<u> </u>			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHRAGER, PATRICIA 8201 NW 23 ST SUNRISE FL 33322		NAM STRE		in Tiago,	51110 25 4 57 1 33322	Change	Acoution	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEHMAN, GARY 8240.NW 24TH.STREI	, ,	w The man for	E T D SET ADDRESS 8	Pez, Ric 200 N.W.	ardo 25 mol	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUNRISE FL 33322 SD ALLEN, IRIS 2248 N.W. 81ST TERF SUNRISE FL 33322	, /	Delete TITLI NAM STRE	E 5 A B C EET ADDRESS 3 2		erl 3 = 4 57.	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAITE, COLLIN 2500 NW 81 TERRACI SUNRISE FL 33322			V			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODS, KRISTI 2441 NW 82 WAY SUNRISE FL 33322			E M ET ADDRESS 2 (	0 100ds, Kri 141 N.W. S nrisc F	st, K. 2 ndway 133322	Change	☐ Addition	
TITLE NAME STREET ADDRESS			NAM	:			☐ 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.

CITY-ST-ZIP

QUIFFOST; X. Woods 4/30/01 305-770-9933 **SIGNATURE:** 

FILED May 15, 2001 8:00 am Secretary of State