

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722223

1. Entity Name

GREEN HAVEN 12 MAINTENANCE CO., INC.

Principal Place of Business

8500 N.W. 57TH CT.
TAMARAC FL 33321

Mailing Address

8500 N.W. 57TH CT.
TAMARAC FL 33321-4408

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

59-1445157

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

SCHNAITMAN, TRACEY S
V.I.P. MGMT CORP
2531 ARAGON BLVD
SUNRISE FL 33322

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENFELD, CURT 8511 NW 57 CT TAMARAC FL 33321	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EAMGARA, JOHN 5804 NW 87TH TERR TAMARAC FL 33332	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAM, GEORGE 5801 NW 86TH TERR TAMARAC FL 33321	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROSSMAN, BEA 5718 NW 85TH AVE. TAMARAC FL 33321	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWHERD, JOAN 5704 NW 85TH AVE TAMARAC FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADILO, PAUL 1707 NW 87TH AVE. TAMARAC FL 33321	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90088 011 ****61.25



DO NOT WRITE IN THIS SPACE

CR2F037 (9/99)