

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725398

1. Entity Name

VILLA RIO CONDOMINIUM APARTMENTS INC

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90022 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2400 NORTHEAST 16TH ST.  
 POMPANO BEACH FL 33062

2400 NORTHEAST 16TH ST.  
 POMPANO BEACH FL 33062-3244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1519687

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUBBERGEN, STANLEY  
 2400 NE 16TH STREET  
 #112  
 POMPANO BEACH FL 33062

Name Sage L. Bridger  
 Street Address (P.O. Box Number is Not Acceptable) 2400 NE 16 Street # 104  
 City Pompano Beach FL Zip Code 33062

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 Sage L. Bridger, President

5-22-00

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	P	<input checked="" type="checkbox"/> Delete
NAME	TUBBERGEN, STANLEY	
STREET ADDRESS	2400 NE 16TH ST #112	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RYAN, HELEN	
STREET ADDRESS	2400 NE 16TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PERRIGO, JANICE	
STREET ADDRESS	2400 NE 16 ST. #113	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEARER, STAN	
STREET ADDRESS	2400 NE 16TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DOLAN, JANE EYRE	
STREET ADDRESS	2400 NE 16TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOURNIER, JEAN	
STREET ADDRESS	2400 NE 16TH ST. #209	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sage L. Bridger	
STREET ADDRESS	2400 NE 16 street # 104	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tricia Petrillo	
STREET ADDRESS	2400 NE 16 street # 203	
CITY-ST-ZIP	Pompano Beach, FL	
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	Jane Dolan	
STREET ADDRESS	2400 NE 16 street # 114	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Rofka	
STREET ADDRESS	2400 NE 16 Street # 212	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Sage L. Bridger  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-00 954-246-3976  
 Date Daytime Phone #

CR2E037 (9/99)