# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727233

1. Entity Name

HI GREENS OF INVERRARY, INC.

**FILED**
**Feb 07, 2000 8:00 am**
**Secretary of State**
02-07-2000 90070 012 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 5800 NW 44TH STREET<br>LAUDERHILL FL 33319 | 5800 NW 44TH STREET<br>LAUDERHILL FL 33319-6139 |

DO NOT WRITE IN THIS SPACE

| 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 59-1554992 ☐ 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 |
|---|---|
| BECKER & POLIAKOFF, P A<br>3111 STIRLING RD.<br>FT. LAUDERDALE FL FL 33312 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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<br>GILLENSON, IRWIN<br>5900 NW 44TH ST<br>LAUDERHILL FL 33319 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>KRAMER, SARAH<br>5860 NW 44TH ST<br>LAUDERHILL FL 33319 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sec. SD<br>Marsha Corsi<br>5860 NW 44th St.<br>Lauderhill Fl. 33319 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASTD<br>INGBER, BESSIE<br>5860 NW 44TH ST<br>LAUDERHILL, FL 00000 33319 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treas. TD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ZURKOWSKI,ROBERT<br>5860 N.W. 44TH ST.<br>FT. LAUDERDALE FL 33319 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SCHWARTZ, LESTER<br>5900 NW 44TH ST<br>LAUDERHILL FL 33319 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Asst Secy/Treas. ASTD<br>Emil Wisniewski<br>5860 NW 44th St.<br>Lauderhill Fl. 33319 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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] ROBERT ZURKOWSKI, PRES. 2/1/00 954-735-0525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #