

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-21-2000 90001 005 \*\*\*\*61.25

<b>DOCUMENT # 745149</b>			
1. Entity Name <b>VILLAGE OF PEPPERTREE ASSOCIATION, INC.</b>			
Principal Place of Business <b>PRIME MANAGEMENT GROUP 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487</b>		Mailing Address <b>PRIME MANAGEMENT GROUP 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487-8229</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1894221</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SWATT, MYRON PRIME MANAGEMENT GROUP 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code <b>FL</b>

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>O</b>	Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SAN TULLI, VINCENT</b>		NAME		
STREET ADDRESS	<b>19820 SAWGRASS DRIVE #3802</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CHARWAT, ARTHUR</b>		NAME		
STREET ADDRESS	<b>19674 SAWGRASS DRIVE, #6102</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>		CITY-ST-ZIP		
TITLE	<b>SD</b>	Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GREENBERG, ROBERT</b>		NAME		
STREET ADDRESS	<b>19970 SAWGRASS DRIVE, #3601</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GREENBERG, ROBERT</b>		NAME		
STREET ADDRESS	<b>19790 SAWGRASS DRIVE, #3601</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>		CITY-ST-ZIP		
TITLE		Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: ARTHUR CHARWAT 2/12/2000 561-883-6745  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #