

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762225

1. Entity Name

UNIVERSITY PARK BLOCKS 21 THROUGH 25 HOMEOWNER'S

Principal Place of Business

1750 S.W. 85 TERR.
MIRAMAR FL 33025

Mailing Address

1750 S.W. 85 TERR.
MIRAMAR FL 33025-5105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2352252

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

SILLS, RAY
1750 S.W. 85 TERR.
MIRAMAR FL 33025

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SILLS, RAY	
STREET ADDRESS	1750 S.W. 85 TERR.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ADKINSON, PENNY	
STREET ADDRESS	1760 SW 87TH TERR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANLEY, PATTY	
STREET ADDRESS	1720 SW 87 TERR	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MCLARTY, CARL	
STREET ADDRESS	1711 SW 86 AVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLS, MIKE	
STREET ADDRESS	1700 SW 87 TERR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILLS, MEL	
STREET ADDRESS	1750 SW 85 TERR	
CITY-ST-ZIP	MIRAMAR FL 33025	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRETT Boling	
STREET ADDRESS	1720 SW 87 TERR	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK WILLIAMS	
STREET ADDRESS	1720 SW 85 TERR	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 another I am empowered.

SIGNATURE:

Signature of RAY SILLS 3/17/00 954-432-0364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)