

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A15347**

1. Entity Name

**LAS VILLAS OF DADELAND, LIMITED**

Principal Place of Business

**340 ROYAL POINCIANA WAY, SUITE 316  
PALM BEACH FL 33480**

Mailing Address

**340 ROYAL POINCIANA WAY, SUITE 316  
PALM BEACH FL 33480-4096**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2288824**

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

**CARSON, DONALD W**

**340 ROYAL POINCIANA WAY, SUITE 316**

**PALM BEACH FL 33480**

Name

**Armando A. Tabernilla**

Street Address (P.O. Box Number is Not Acceptable)

**340 Royal Poinciana Way**

**Suite 316**

**Palm Beach**

**FL**

**Zip Code 33480**

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

**Armando A. Tabernilla 4/25/00**

DATE

9. Capital Contributions  
as Shown on record.

**\$500,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$500,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **G16732**  
NAME **L.V. OF DADELAND, INC.**  
STREET ADDRESS **340 ROYAL POINCIANA WAY, SUITE 316**  
CITY - ST - ZIP **PALM BEACH FL 33480**

STREET ADDRESS

CITY - ST - ZIP

**200003272362--7**  
**-05/31/00--01075--009**  
**\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Donald W. Carson, VP of L.V. of Dadeland, Inc**

**4/24/00 561-655-6303**

Date

Daytime Phone #

CF. 003 (9/98)