

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26423**

1. Entity Name

INGLIS VILLAS, LTD.

Principal Place of Business

**818 W BROOKS AVE
NORTH LAS VEGAS NV 89030**

Mailing Address

**818 W BROOKS AVE
NORTH LAS VEGAS NV 89030-7828**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**SCHAEFFER, NEIL
27121 EDENBRIDGE COURT
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name

Neil Schaeffer

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

8452 Gardens Circle #4

City

Sarasota

FL

Zip Code
34243

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.)

Neil Schaeffer

(NOTE: Registered Agent signature required when reinstating)

1/20/00

DATE

9. Capital Contributions
as Shown on record.

\$30,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$30,000.00

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

DOCUMENT # **F94000006171**
NAME **ASB ENTERPRISES, INC.**
STREET ADDRESS **818 W BROOKS AVE**
CITY - ST - ZIP **NORTH LAS VEGAS NV 89030**

DOCUMENT #
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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

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STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

**600003117616--1
-02/01/00--01033--007
*****298.75 *****298.75**

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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Patricia M. Green

1/20/00

(702)313-3700

Date

Daytime Phone #

FILED

00 JAN 28 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2898522

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required