

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F10378

1. Entity Name

VILLAGE HOMES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90053 048 ***150.00

Principal Place of Business

Mailing Address

2500 NW 39 ST
BOCA RATON FL 33434
US

2500 NW 39 ST
BOCA RATON FL 33434-4442
US

2. Principal Place of Business

3. Mailing Address

7904 HARDING AVE
Suite, Apt. #, etc.
#10A

7904 HARDING AVE
Suite, Apt. #, etc.
#10A

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

Zip Country
33141 US

Zip Country
33141 US

4. FEI Number 59-2260175

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

LEE, GARY S
2500 NW 39 ST
BOCA RATON FL 33434

Name RICHARD S. LEE

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

7904 HARDING AVE #10A

City MIAMI BEACH FL Zip Code 33141

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 Richard S. Lee, VICE PRES. DATE 4/4/2000
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, GARY S. 2500 NW 39 ST BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEE, RICHARD S. 6771 S.W. 125 TERR. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARD S. LEE 7904 HARDING AVE #10A MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2000

Date

305-281-0587

Daytime Phone #

CR2E034 (9/99)