

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90294 032 \*\*\*150.00

0642879 AT

**DOCUMENT # H26708**

1. Entity Name  
**SOUTH FLORIDA VILLAS, INC.**



Principal Place of Business  
**5150 S FLORIDA AVE  
P O BOX 6238  
LAKELAND FL 33807-6238  
US**

Mailing Address  
**PO BOX 528  
HOMOSASSA FL 34487  
US**



2. Principal Place of Business  
**5150 S Florida Ave**

3. Mailing Address  
**5150 S Florida Ave**

Suite, Apt. #, etc.  
**#106**

Suite, Apt. #, etc.  
**#106**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Lakeland FL**

City & State  
**Lakeland FL**

4. FEI Number  
**59-2462683**

Applied For  
Not Applicable

Zip  
**33813**

Country  
**USA**

Zip  
**33813**

Country  
**USA**

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

**CHRITTON, CHARLES P.  
5300 SOUTH FLORIDA AVE.  
LAKELAND FL 33803**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
WENDEL, ALBERT G.  
6782 S. PINEBRANCH PT  
HOMOSASSA FL 34448** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
WENDEL ALBERT G  
5150 S FLORIDA AVE #106  
LAKELAND FL 33813** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WENDEL, JOHN F.  
5300 S FLORIDA AVE.  
LAKELAND FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MURPHY, MARKHAM L.  
1300 SEAWAY DR. #A6  
FT PIERCE FL 34949** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WENDEL, ALBERT G.  
6782 S. PINEBRANCH PT  
HOMOSASSA FL 34448** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WENDEL ALBERT G  
5150 S FLORIDA AVE #106  
LAKELAND FL 33813** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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 607, 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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03**

Date

**863/709-8953**

Daytime Phone #

CR2E034 (10/02)