

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H54085

1. Entity Name

VERO DUNES VENTURER, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90013 012 \*\*\*150.00

Principal Place of Business  
2381 EXECUTIVE CTR DR  
BOCA RATON FL 33431  
US

Mailing Address  
2381 EXECUTIVE CTR DR  
BOCA RATON FL 33431-7321  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **25-1513428**

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

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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	P	<input type="checkbox"/> Delete
NAME	SHAPIRO, PAUL E	
STREET ADDRESS	2381 EXECUTIVE CTR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	TOTTE, ROBERT P	
STREET ADDRESS	2381 EXECUTIVE CTR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, JANET G	
STREET ADDRESS	2381 EXECUTIVE CTR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	RICHTER, RONALD R	
STREET ADDRESS	2381 EXECUTIVE CTR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	O'HARA, CHERYL	
STREET ADDRESS	2381 EXECUTIVE CTR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
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		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA L. ALLEN	
STREET ADDRESS	3600 N. Hydrolic	
CITY-ST-ZIP	Wichita, KS 67219	
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	VP & General Counsel	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN R. ISKO	
STREET ADDRESS	2381 Executive Center Drive	
CITY-ST-ZIP	Boca Raton, FL 33431	

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: Robert P. Totte  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2000 (561)912-4100  
Date Daytime Phone #

CR2E034 (9/99)