2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J53997** May 10, 2000 8:00 am Secretary of State WINDSOR VILLAGE INC. 05-10-2000 90119 030 ***150.00 Principal Place of Business Mailing Address 4521 PGA BLVD 4521 PGA BLVD SUITE 323 SHITE 323 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-3997 us 2. Principal Place of Business 3. Mailing Address 1986 WINDSOR DRIVE 1986 WINDSOR DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0745833 Not Applicable NORTH PALM BEACH NORTH PALM BEACH. \$8.75 Additional Country 5. Certificate of Status Desired Fee Required <u>us A</u> <u>33408</u> **420** 7. Name and Address of New Registered Agent _6._Name and Address of Current Registered Agent. PRUBBE ROBERT R. Street Address (P.O. Box Number is Not Acceptable) ROBERT R PAVESE, ROBERT R. 4521 PGA BLVD 1986 WINDSOR DRIVE PALM BCH GARDENS FL 33418 Zip Code 804EE NORTH PALM BEACH 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete PAVESE, ROBERT R. NAME 1986 WINDSOR DRIVE 4521 PGA BLVD, 323 STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM BCH GARDENS FL CITY-ST-ZIP NORTH PALM BEACH, FL ☐ Addition Change ☐ Delete TITLE LYTLE, KIETH NAME NAME 4521 PGA BLVD, 323 1986 WINDSOR DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP PALM BCH GARDENS FL CITY-ST-ZIP NORTH PALM BEACH, FL <u> 33408</u> Addition TITLE TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

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