

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K10345

1. Entity Name

VILLAS AT SUNTREE, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90447 037 ***150.00

Principal Place of Business

3225 S AVIATION AVENUE
7TH FLOOR
COCONUT GROVE FL 33133
US

Mailing Address

3225 AVIATION AVENUE
7TH FLOOR
COCONUT GROVE FL 33133
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0019213

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

GARS, IRWIN S.
3225 AVIATION AVENUE
7TH FLOOR
COCONUT GROVE FL 33133

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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 SD ☐ Delete
NAME PASSALACQUA, JOHN F.
STREET ADDRESS 4201 N OCEAN DRIVE #603
CITY-ST-ZIP HOLLYWOOD FL 33019

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

TITLE VD ☐ Delete
NAME JOHNSON, JOSHUA C.
STREET ADDRESS 3353 GINSING LN
CITY-ST-ZIP ENGLEWOOD FL

TITLE VD ☒ Change ☐ Addition
NAME JOHNSON, Joshua
STREET ADDRESS 50 Sportsman Lane
CITY-ST-ZIP Rotonda, FL 33947

TITLE TD ☐ Delete
NAME JOHNSON, RICHARD A.
STREET ADDRESS 255 BOUNDARY BLVD #105
CITY-ST-ZIP ROTUNDA FL

TITLE TD ☒ Change ☐ Addition
NAME JOHNSON, Richard
STREET ADDRESS 124 Sarah Jane Lane
CITY-ST-ZIP Meritt Island, FL 32952

TITLE PD ☐ Delete
NAME GARS, IRWIN S.
STREET ADDRESS 3225 AVIATION AVENUE 7TH FLOOR
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)