

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90010 027 ***550.00

DOCUMENT # K96961

1. Entity Name:
 THE VILLAS OF ST. PAUL, INC.

Principal Place of Business **Mailing Address**
 4787 West Irlo Bronson Highway 4787 West Irlo Bronson Highway
 US 192 US 192
 Kissimmee, FL 34746 Kissimmee, FL 34746

2. Principal Place of Business **3. Mailing Address**
 7802 Kingspointe Pkwy 7802 Kingspointe Pkwy

Suite, Apt. #, etc.
Suite 103 **Suite 103**

City & State
 Orlando, Florida Orlando, Florida

Zip **Country** **Zip** **Country**
 32819 USA 32819 USA

6. Name and Address of Current Registered Agent

CT Corporation System
 1200 South Pine Island Rd
 Plantation, FL 33324

4. FEI Number **Applied For**
 650143249 ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
 C. Yanki Sokmensuer, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
 Smith, Mackinnon, Greeley, etc.
 255 South Orange Ave., Suite 800

City **State** **Zip**
 Orlando FL 32801

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 **C. Yanki Sokmensuer** **May 16, 2001**
 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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME Miriam E. Sabo
STREET ADDRESS 4787 W. Irlo Bronson Highway
CITY-ST-ZIP Kissimmee, FL 34746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☒ Addition
NAME Fernando Sabo
STREET ADDRESS 7802 Kingspointe Pkwy Ste 103
CITY-ST-ZIP Orlando, FL 32819

TITLE **VP** ☒ Change ☐ Addition
NAME Miriam E. Sabo
STREET ADDRESS 7802 Kingspointe Pkwy Ste 103
CITY-ST-ZIP Orlando, FL 32819

TITLE **ST** ☒ Change ☒ Addition
NAME Linda Mattini
STREET ADDRESS 7802 Kingspointe Pkwy Ste 103
CITY-ST-ZIP Orlando, FL 32819

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

TITLE ☐ Change ☐ Addition
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 no 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: **Fernando E. Sabo** **05/24/2001**
 Signature and typed or printed name of signing officer of Date

Daytime Phone #

CR2E034 (11/00)