

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000816**

1. Entity Name

INDIGO RESORTS INTERNATIONAL, L.C.

FILED

00 JAN 19 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4053 S. SURF ROAD
HOLLYWOOD BEACH FL 33019

Mailing Address

3029 ALHAMBRA STREET
FT. LAUDERDALE FL 33304-4307



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0773513

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BOFSHEVER, HAROLD S
2455 EAST SUNRISE BLVD
SUITE 917
FORT LAUDERDALE FL 33304~~

DELETE

7. Name and Address of New Registered Agent

Name: **MARY ANN BONGIORNO**

Street Address (P.O. Box Number is Not Acceptable)

3029 ALHAMBRA ST

City

FT. LAUDERDALE

FL

Zip Code

33304

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

MARY ANN BONGIORNO X *Mary Ann Bongiorno*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM SLACK, JACQUELINE A ☐ Delete
STREET ADDRESS 1710 NE 8TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE NAME MGRM SLACK, JACQUELINE A ☒ Change ☐ Add
STREET ADDRESS 1 RUTLAND GATE - NORTH SHORE
CITY-ST-ZIP BLACKPOOL LANCS, ENGLAND FY1 2H

TITLE NAME MGRM BONGIORNO, MARY ANN ☐ Delete
STREET ADDRESS 3029 ALHAMBRA STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33304 SAME

TITLE NAME ☐ Change ☐ Add
STREET ADDRESS 400003117534--8
CITY-ST-ZIP -02/01/00--01029--007
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Mary Ann Bongiorno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/12/00 (954) 771-2600
Date Daytime Phone #