

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002550**

1. Entity Name **VILLAGE COMMONS, LLC**
T/A Jersey Lakes

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FILED
 Feb 14 2000 8:00 am
 Secretary of State

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Principal Place of Business
 200 SOUTH ORANGE AVENUE, SUITE 2300
 ORLANDO FL 32801

Mailing Address
 200 SOUTH ORANGE AVENUE, SUITE 2300
 ORLANDO FL 32801-3455



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
931 Village Blvd
 Suite, Apt. #, etc. **Suite 907**

3. Mailing Address
6799 Augusta Ct
 Suite, Apt. #, etc.

City & State
W. Palm Beach

City & State
W. Palm Beach FL

4. FEI Number
593579309

Applied For
 Not Applicable

Zip
33409 Country **Palm**

Zip
33412 Country **Palm**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A.G.C. CO.
 200 S. ORANGE AVENUE, SUITE 2300
 ORLANDO FL 32801

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 **Mary E Lehey - Bennett** **2/16/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEAHEY BENNETT, MARY ELLEN 200 SOUTH ORANGE AVENUE, SUITE 2300 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same name 6799 Augusta Ct W Palm Beach FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	nf 2/28/00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003155928--1 03/03/00--01017--012 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/99)

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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/14/00 **(526)**
622-8551