

2002 UNIFORM BUSINESS REPORT (UBR)

4/1/0

FILED
May 01, 2002 8:00 am
Secretary of State

04-01-2002 90169 007 ***158.75

DOCUMENT # M01524

1. Entity Name

INDEPENDENCE VILLAGE, INC.

Principal Place of Business

7826 COOPER RD
CINCINNATI OH 45242
US

Mailing Address

7826 COOPER RD
CINCINNATI OH 45242
US

2. Principal Place of Business

Grove at Lakeland Square
Suite, Apt. #, etc.
3570 U.S. Hwy 98 N.
City & State
Lakeland Florida
Zip
33809 Country
U.S.A.

3. Mailing Address

Grove at Lakeland Square
Suite, Apt. #, etc.
3570 U.S. Hwy 98 N.
City & State
Lakeland Florida
Zip
33809 Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2422880

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGRATH, GREGORY K
4561 GULF OF MEXICO DR
#101
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name
Barcap Realty Services Group, Inc.
Street Address (P.O. Box Number is Not Acceptable)
Grove at Lakeland Square
3570 U.S. Hwy 98 N.
City
Lakeland FL Zip Code
33809

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 **Mark L. Wilson, VP** **Mark L. Wilson, VP** **3/15/02**
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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCGRATH, GREGORY K 7826 COOPER RD CINCINNATI OH	<input checked="" 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert Astorino 3570 U.S. Hwy 98 N. Lakeland Florida 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Mark L. Wilson 3570 U.S. Hwy 98 N. Lakeland FL 33809	<input type="checkbox"/> Change <input checked="" 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
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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Mark L. Wilson, VP** **Mark L. Wilson, VP** **3/15/02** **513 936 3408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)