

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90883 026 ****61.25

DOCUMENT # N00011

1. Entity Name

VILLA FRANCISCO, INC.

Principal Place of Business

Mailing Address

% STEPHEN W. BUCKLEY
 2133 HEITMAN STREET
 FT. MYERS FL 33901-3618

% STEPHEN W. BUCKLEY
 2133 HEITMAN STREET
 FT. MYERS FL 33901-3618

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

59-2456983

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

BUCKLEY, STEPHEN W.
2133 HEITMAN ST.
FORT MYERS FL 33902

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANGLIM, THOMAS	
STREET ADDRESS	PO BOX 912,2133 HEITMAN N/A	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACDONELL, SR. ELLEN	
STREET ADDRESS	2055 CLEVELAND AVE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KROPKE, SUE	
STREET ADDRESS	4617 VINSETTA AVE.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKLEY, STEPHEN W.	
STREET ADDRESS	PO BOX 2366 2201 MAIN ST	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRANT, ELLIS	
STREET ADDRESS	1670 ST. CLAIR AVE.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHIARAVALLE SR., MARIE V	
STREET ADDRESS	2140 COTTAGE ST., #106	
CITY-ST-ZIP	FT. MYERS FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

(239)334-2161

Date Daytime Phone #

CR2E037 (9/01)

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