## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N01000001963

1. Entity Name

## COURERT INSTITUTE VILLA DEL FIORI INC

**BOYNTON BEACH FL 33435** 

COUDER	I INSTITUTE, VILLA DEI FION	ii, INC.					
Principal Place of Business 163 SEMINOLE AVE PALM BEACH FL 33480		Mailing Address 163 SEMINOLE AVE PALM BEACH FL 33480					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-109	4. FEI Number 65-1094183		
Zip	Country	Zip	Country	5. Certificate of Status D		Not Applicable  75 Additional	
6. Name and Address of Current Regis		Registered Agent	ered Agent		7. Name and Address of New Registered Agent		
	o. Name and Address of Carron	Hogisterou Agent	Name <sup>1</sup>				
COUDERT, DALE 163 SEMINOLE AVE			Street Address (P.O. Box Number is Not Acceptable)				
PALM BE	ACH FL 33480						
	•		City		FL	Zip Code	
	e named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent		gistered office or reg		ate of Florida. I am famil	liar with, and accept	
FILE NOW: FEE IS \$61.25  9. Election Campa Trust Fund Con			· —	\$5.00 May Be Added to Fees	Make Check Pa Florida Departme		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIREC		
TITLE	DC	☐ Delete	TITLE	inne white	read -	Change Addition	
NAME	COUDERT, DALE		NAME	33 Bahama	Kane		
STREET ADDRESS	163 SEMINOLE AVE		STREET ADDRESS	aem Beach,	21 33481	)	
CITY-ST-ZIP	PALM BEACH FL 33480	<u></u>					
TITLE	DVC	☐ Delete	···	nector 1	landor "	Change <b>X</b> Addition	
NAME	MONKS, MILLICENT	santa a la	NAME K	obert Medin	lander a Lane	-	
STREET ADDRESS CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP	Donn Beach	. 21 3348	20	
TITLE	DVC	☐ Delete	- 1	14			
NAME	MONKS, ROBERT	□ Delete	NAME B	nuce maps	lister		
STREET ADDRESS	220 OCEAN TERR		STREET ADDRESS	40 Bahama	Lane		
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP	nuce McA1 40 Bahama aem Beach,	BR 3348	0	
TITLE	D	☐ Delete	TITLE			Change	
NAME	SIEBERT, MURIEL		NAME				
STREET ADDRESS	885 3RD AVE		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10022		CITY-ST-ZIP		·		
TITLE	D INCINITY TODD	☐ Delete	TITLE			Change	
NAME CTREET ADDRESS	WEINTZ, TODD		NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	1306 S LAKESIDE DR. LAKE WORTH FL 33460		CITY-ST-ZIP				
	D	☐ Palata	TITLE			Change	
TITLE NAME	ALLISON, DWIGHT	☐ Delete	NAME.			C.ango [] Addition	
STREET ADDRESS	4015 SHELLDRAKE LANE		STREET ADDRESS				

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 a other like empowered.

CITY-ST-ZIP

5-1-03

561-659-9750

**FILED** 

Jun 09, 2003 8:00 am Secretary of State

06-09-2003 90111 046 \*\*\*\*61.25