

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90167 030 \*\*\*\*61.25

**DOCUMENT # N09282**

1. Entity Name

**VILLAGE OF HORSESHOE ACRES, INC.**

Principal Place of Business

Mailing Address

6700 N.W. BROKEN SOUND PARKWAY  
 #203  
 BOCA RATON FL 33487  
 US

6700 N.W. BROKEN SOUND PARKWAY  
 #203  
 BOCA RATON FL 33487  
 US

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

**59-2508240**

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

MCCUTCHEN, BILLIE H  
 8346 STAGECOACH LANE  
 BOCA RATON FL 33496

*TERESA C. Bishop*  
 6700 NW Broken Sound  
 Parkway # 203  
 Boca Raton FL 33487

Name

*MALIBU SERVICES INC.*  
 Street Address (P.O. Box Number is Not Acceptable)

*6700 NW Broken Sound Parkway # 203*

City

*Boca Raton*

**FL**

Zip Code

*33487*

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

*T. Bishop*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/22/02*

**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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **MCCUTCHEN, BILLIE W**  
 CITY-ST-ZIP **8346 STAGECOACH LANE**  
**BOCA RATON FL 33496**

TITLE ☒ Delete  
 NAME **VPD**  
 STREET ADDRESS **MERBAN, JAMES**  
 CITY-ST-ZIP **8232 BRIDLEPATH**  
**BOCA RATON FL 33496**

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **PETRACCO, KATHLEEN**  
 CITY-ST-ZIP **8187 STAGECOACH LANE**  
**BOCA RATON FL 33496**

TITLE ☐ Delete  
 NAME **TD**  
 STREET ADDRESS **ROSENBERG, MARIE**  
 CITY-ST-ZIP **8186 BRIDLEPATH LANE**  
**BOCA RATON FL 33496**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **BONGERS OLIVIA**  
 CITY-ST-ZIP **8234 STAGECOACH LANE**  
**BOCA RATON FL 33496**

TITLE ☐ Change ☒ Addition  
 NAME **VP**  
 STREET ADDRESS **PELIO, ROBERT**  
 CITY-ST-ZIP **8415 BRIDLEPATH**  
**BOCA RATON FL 33496**

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

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

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

TITLE ☐ Change ☐ 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:

*Kathleen Petracco*

*1/22/02*

CR2E037 (9/01)