

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12796

1. Entity Name

THE DEAUVILLE GARDENS, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90104 029 \*\*\*\*61.25

Principal Place of Business 3212 SOUTHEAST 8TH STREET POMPANO BEACH FL 33062	Mailing Address 3212 SOUTHEAST 8TH STREET POMPANO BEACH FL 33062-6242
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1090130</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, ROBERT  
 3212 SE 8 ST  
 APT A-4  
 POMPANO BEACH FL 33062

GILDA PATERNOSTER  
 3212 SE 8TH ST B22  
 POMPANO BEACH FL 33062

Name: GILDA PATERNOSTER  
 Street Address (P.O. Box Number is Not Acceptable):  
3212 SE 8TH ST B-22  
 City: POMPANO BEACH FL Zip Code: 33062

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: Gilda J. Paternoster Gilda J. Paternoster 3-17-2000  
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 NAME STREET ADDRESS CITY-ST-ZIP	D YONKE, ROSETTE 3212 SE 8 ST POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCUEN, JOEL 5456 DUBLIN DUBLIN OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUER, RUTH 3212 SE 8 ST POMPANO BEACH FL <input checked="" type="checkbox"/> Delete	TITLE <u>PAIS.</u> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTO, ANDREW 2542 HUNTER DR. ARLINGTON HGTS. IL <input type="checkbox"/> Delete	TITLE <u>WP</u> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASH, ALBERT 7683 OLD FOX CT COLUMBUS OH 43235 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNIGAN, MOIRA 44 BLESS MINE RD NEWPORT RI 02842 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Gilda J. Paternoster  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-00  
 Date

645-846-7316  
 Daytime Phone #

CR2E037 (9/99)