

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17050

1. Entity Name

VILLAS OF BEAR LAKES ESTATES NORTH HOMEOWNERS AS

Principal Place of Business

Mailing Address

~~2500 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409~~

PO BOX 220656
WEST PALM BEACH FL 33422-0656

2. Principal Place of Business

3000 Saratoga Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL.

City & State

Zip
33409

Country
USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2722307

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GELFAND, MICHAEL
250 AUSTRALIAN AVE S
ONE CLEARLAKE CENTRE STE 1010
W PALM BCH FL 33401

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, ELIZABETH 2616 MOHAWK CIR W. PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CATES, JOHN 2615 MOHAWK CIR W PALM BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GATTO, PAUL 2606 MOHAWK CIR W PALM BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KISER, HARVEY 2613 MOHAWK CIRCLE WEST PALM EBAHC FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREBOOM, DOUGLASS 2605 MOHAWK CIR WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREBOOM, DOUGLASS 2605 MOHAWK CIR WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

John D. Cates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Cates, President

4/1/00 (561) 478-1193

Date

Daytime Phone #