

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State
 02-09-2001 90234 039 ****61.25

DOCUMENT # N31946

1. Entity Name

THE GARDEN VILLAS AT GATOR TRACE OF ST. LUCIE HO

Principal Place of Business

~~4078 GATOR TRACE ROAD
 FT. PIERCE FL 34982
 US~~

Mailing Address

~~4078 GATOR TRACE ROAD
 FT. PIERCE FL 34982
 US~~

2. Principal Place of Business

4062 GARDEN VILLAS CT

3. Mailing Address

4062 GARDEN VILLAS CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT PIERCE FL

City & State

FT. PIERCE FL

4. FEI Number

65-0191725

Applied For

Not Applicable

Zip

34982

Country

(US) ST LUCIE

Zip

34982

Country

(US) ST LUCIE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SUNBERG, DICK
 4078 GATOR TRACE ROAD
 FORT PIERCE FL 34982~~

7. Name and Address of New Registered Agent

Name **JAMES LENNON**

Street Address (P.O. Box Number is Not Acceptable)

4062 GARDEN VILLAS CT

City

FT PIERCE

FL

Zip Code

34982

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

JAMES LENNON, TREASURER

2/6/01

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	DP DEBOR, BOB 4054 GARDEN VILLAS COURT FT. PIERCE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SUNDBERG, DICK 4078 GATOR TRACE ROAD FT. PIERCE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PETERSON, DAVID 4071 GARDEN VILLAS CT FT. PIERCE FL 34982	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCIACCO, KAY 4045 GATOR TRACE ROAD FT. PIERCE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MEKO, ROBERT 4076 GATOR TRACE RD. FORT PIERCE FL 34982	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARIE CLUM 4059 GARDEN VILLAS CT FT PIERCE FL 34982	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JAMES LENNON 4062 GARDEN VILLAS CT FT PIERCE FL 34982	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARMEN RENALDY 4069 GARDEN VILLAS CT FT PIERCE FL 34982	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILLIAM RUSSELL 4064 GATOR TRACE RD FT PIERCE FL 34982	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BILL SPANSELLER 4067 GARDEN VILLAS CT FT PIERCE FL 34982	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

JAMES LENNON 2/6/01 (561) 461-7240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037(10/00)