

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35003

1. Entity Name

FACVPR, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90122 017 ****61.25

Principal Place of Business

Mailing Address

FACVPR
PO BOX 10175
TAMPA FL 33679-175
US

FAACVPR
PO BOX 10175
TAMPA FL 33679-0175
US

2. Principal Place of Business

3. Mailing Address

12071 NW 10TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

Zip

33071

Country

USA

4. FEI Number

59-2980717

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

WINSLOW, ANDREW G.
1701 RICKENBACKER DR
STE B
SUN CITY CENTER FL 33573

Name PAT LEVIN

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

12071 NW 10TH ST

City CORAL SPRINGS

FL

Zip Code 33071

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME WINSLOW, ANDREW G.
STREET ADDRESS 1701 RICKENBACKER DR STE B
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE PD ☒ Change ☐ Addition
NAME MARK LUI
STREET ADDRESS 8540 COLLEGE PKWY
CITY-ST-ZIP FT MYERS, FL 33919

TITLE VD ☒ Delete
NAME ROY, JULLEN
STREET ADDRESS 303 N. CLYDE MORRIS BLVD.
CITY-ST-ZIP DAYTONA BEACH FL

TITLE VD ☒ Change ☐ Addition
NAME SARA HOLLOWAY-SMITH
STREET ADDRESS 1370 13TH AVE SO. #115
CITY-ST-ZIP JAX BEACH, FL 32250

TITLE TD ☒ Delete
NAME LEVINE, PAT
STREET ADDRESS 11471 SW 105 TERR
CITY-ST-ZIP MIAMI FL

TITLE TD ☒ Change ☐ Addition
NAME PAT LEVIN
STREET ADDRESS 12071 NW 10TH ST
CITY-ST-ZIP CORAL SPGS FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)