

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40394

1. Entity Name

THE GREEN HILLS/SOUTHLAND PINES HOMEOWNERS ASSOC

Principal Place of Business

17120 SW 109 AVE.  
MIAMI FL 33157

Mailing Address

17120 SW 109 AVE.  
MIAMI FL 33157

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

NOT APPLICABLE

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

CHAIT, LAURI R.  
17120 SW 109 AVE.  
MIAMI FL 33157

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete  
NAME TODD, GERG  
STREET ADDRESS 10841 SW 171 ST.  
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition  
NAME D McCray, Patricia  
STREET ADDRESS 17820 SW 108 CT  
CITY-ST-ZIP MIAMI FL 33157

TITLE T ☐ Delete  
NAME JOHNSON, MARSHA  
STREET ADDRESS 16922 SW 107 PL  
CITY-ST-ZIP MIAMI FL

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

TITLE D ☒ Delete  
NAME RICHARDSON, WALTER  
STREET ADDRESS 10745 SW 173 TER.  
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete  
NAME KILBY, REV. TIM  
STREET ADDRESS 11001 SW 184TH ST  
CITY-ST-ZIP MIAMI FL

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

TITLE P ☐ Delete  
NAME CHAIT, LAURI  
STREET ADDRESS 17120 SW 109 AVE  
CITY-ST-ZIP MIAMI FL 33157

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:

*Lauri R. Chait*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)