

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40934

1. Entity Name

VILLA ASSUMPTA, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90017 039 *****70.00

80008112



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2539 NE MISSION DRIVE
STE 9-8
JENSEN BEACH FL 34957
US

C/O P.O. BOX 109650
PALM BCH GARDENS FL 33410
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0233825

Applied For

Not Applied

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

Name

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

City

FL

Zip Code

FITAGERALD, J. PATRICK
110 MERRICK WAY
SUITE 3-B
CORAL GABLES FL 33134

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	PD	<input type="checkbox"/> Delete
NAME	MCMAHON, JOHN R. REV.	
STREET ADDRESS	370 S.W. THIRD STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VSP	<input type="checkbox"/> Delete
NAME	MURPHY, RICHARD	
STREET ADDRESS	1200 EAST 10TH STREET	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MC GEE, ROBERT REV	
STREET ADDRESS	2555 N.E. SAVANNA ROAD	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	CELLI, JOSEPH	
STREET ADDRESS	920 N.E. TOWN TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCHUTZ, MADELEINE LCSW	
STREET ADDRESS	9995 N. MILITARY TRAIL	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZALOOM, BASIL	
STREET ADDRESS	9995 N MILITARY TRAIL	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Madeleine Schutz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #