

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 8:00 am**
Secretary of State

01-30-2001 90221 024 ****70.00

DOCUMENT # N40934

1. Entity Name

VILLA ASSUMPTA, INC.

Principal Place of Business

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

Mailing Address

**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 Applicable

Zip

Country

Zip

Country

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

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	MCMAHON, JOHN R. REV.	370 S.W. THIRD STREET BOCA RATON FL				
	VSP	MURPHY, RICHARD	1200 EAST 10TH STREET STUART FL				
	D	MC GEE, ROBERT REV	2555 N.E. SAVANNA ROAD JENSEN BEACH FL 34957		ASST SECY/TREASURER - D	Kevin McGinley	1300 North Congress Avenue #C West Palm Beach, FL 33409
	D	CELLI, JOSEPH	920 N.E. TOWN TERRACE JENSEN BEACH FL		DIRECTOR	Robert Papes	1190 Dolphin Road Riviera Beach, FL 33404
	ST	SCHUTZ, MADELEINE LCSW	9995 N. MILITARY TRAIL PALM BEACH GARDENS FL 33410		SECRETARY		
	D	ZALOOM, BASIL	9995 N MILITARY TRAIL PALM BEACH GARDENS FL		TREASURER		

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 1-23-01 561-775-9560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary/Treasurer Daytime Phone #

CR2E037 (10/00)