

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90001 027 \*\*\*\*61.25

838402

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N49895**

1. Entity Name

**Deering Bay Club Villas Association, Inc.**

Principal Place of Business

Mailing Address

**13610 Deering Bay Dr.  
 Coral Gables, FL 33158**

**(Same)**

2. Principal Place of Business

3. Mailing Address

**13610 Deering Bay Dr.**

**13610 Deering Bay Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Coral Gables, FL**

**Coral Gables, FL**

Zip

Country

**33158**

**USA**

Zip

Country

**33158**

**USA**

4. FEI Number

Applied For

**65-0466838**

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

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	PD	<input type="checkbox"/> Delete
NAME	Tendler, Gilbert	
STREET ADDRESS	13610 Deering Bay Drive	
CITY-ST-ZIP	Coral Gables, FL 33158	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Sage, Richard	
STREET ADDRESS	13610 Deering Bay Dr.	
CITY-ST-ZIP	Coral Gables, FL 33158	
TITLE	PS	<input type="checkbox"/> Delete
NAME	Millheiser, Peter	
STREET ADDRESS	13610 Deering Bay Dr.	
CITY-ST-ZIP	Coral Gables, FL 33158	
TITLE	DT	<input type="checkbox"/> Delete
NAME	Cervantes, Patricia	
STREET ADDRESS	13610 Deering Bay Dr.	
CITY-ST-ZIP	Coral Gables, FL 33158	
TITLE	D	<input type="checkbox"/> Delete
NAME	Aponte-Lopez, Rafael	
STREET ADDRESS	13610 Deering Bay Dr.	
CITY-ST-ZIP	Coral Gables, FL 33158	
TITLE		<input type="checkbox"/> Delete
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
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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:

*Gilbert Tendler*