

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002311

1. Entity Name

SAWGRASS VILLAGE OF TIMBER GREENS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90080 009 ****61.25

Principal Place of Business

Mailing Address

10730 US 19
SUITE 17
PORT RICHEY FL 34668
US

10730 US 19
SUITE 17
PORT RICHEY FL 34668-2863
US

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

59-3291950

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

QUALIFIED PROPERTY MANAGEMENT IN
10730 US 19
SUITE 17
PORT RICHEY FL 34668

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:
FEÉ IS \$61.25

9. Election Campaign Financing
Trust Func. 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
VD
RAUNER, FRITZ
9316 COOL BREEZE
NEW PORT RICHEY FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD-
SEMERARO, FRED -
9302 CLEARMEADOW -
NEW PORT RICHEY FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Kidwell, William
9252 Clearmeadow
New Port Richey, FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
MARTIN, DON -
8308 COOL BREEZE -
NEW PORT RICHEY FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
Notaro, Richard
9338 Clearmeadow
New Port Richey, FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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

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 *Richard Notaro* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/00 (727) 372-2243

CR2E037 (9/99)