

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003468

1. Entity Name

KNIGHTSBRIDGE VILLAGE HOMEOWNERS ASSOCIATION, INC

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

04-07-2000 90030 018 \*\*\*\*61.25

Principal Place of Business

4630 N. UNIVERSITY DR.  
PMB 438  
CORAL SPRINGS FL 33067  
US

Mailing Address

4630 N. UNIVERSITY DR.  
PMB 438  
CORAL SPRINGS FL 33067-4626  
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

65-0579423

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

KAYE & ROGER, P.A.  
6261 NW 6TH WAY  
SUITE 103  
FORT LAUDERDALE FL 33309

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	P/D JAEGER, PHILIP A 4861 NW 115TH AVE. CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D VICKERS, NEVILLE 4745 NW 115TH TERR. CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D GRABAU, MEREDITH 11483 NW 48TH CT. CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTES, GERSON 4739 NW 114TH DR. CORAL SPRINGS FL 33076	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIBURICO, JOSE 11446 NW 49TH DR. CORAL SPRINGS FL 33076	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEN, CLARK 11481 NW 49TH DR. CORAL SPRINGS FL 33076	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MICHAEL LABATE 4739 NW 114TH LANE CORAL SPRINGS, FL, 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICKERS, NEVILLE 4745 NW 115TH TERR. CORAL SPRINGS, FL, 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BRENDA MESSING 4745 NW 115TH AVE. CORAL SPRINGS, FL, 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D RENE MILLER 11464 NW 49TH DRIVE CORAL SPRINGS, FL, 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES CALDERAZZO 11466 NW 48TH COURT CORAL SPRINGS, FL, 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE REQUIRED

RENE MILLER, 3/25/00 954-346-0708

Date

Daytime Phone #