

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003507

1. Entity Name

PEMBROKE PINES VILLAGERS, INC.

Principal Place of Business

6700 S.W. 13TH STREET
PEMBROKE PINES FL 33023
US

Mailing Address

P.O. BOX 841004
PEMBROKE PINES FL 33084-3004
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LINEBACK, EILEEN
6440 S.W. 3 COURTET
PEMBROKE PINES FL 33023

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JAMES R	
STREET ADDRESS	6711 SW-5 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARROWSMITH, RANDY	
STREET ADDRESS	300 SW 67 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	P	<input type="checkbox"/> Delete
NAME	TIMPERIO, BUCK	
STREET ADDRESS	6740 SW 10 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHITNEY, SCOTT	
STREET ADDRESS	6607 SW 2 CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	T	<input type="checkbox"/> Delete
NAME	ST. LOUIS, FLO	
STREET ADDRESS	6611 SW 6 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	V	<input type="checkbox"/> Delete
NAME	LINEBACK, EILEEN	
STREET ADDRESS	6440 S.W. 3 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	

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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

4/11/00

954-989-5105

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90012 039 ****61.25

639312



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0596090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)