

2000 UNIFORM BUSINESS REPORT (UBR)

4-11-00

DOCUMENT # N97000000889

FILED _____ 9

1. Entity Name

VILLAGE GREEN "E" CORPORATION

00 APR 11 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 503 12TH AVE. SOUTH NAPLES FL 33940 | 503 12TH AVE. SOUTH NAPLES FL 34102-8025 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

DO NOT WRITE IN THIS SPACE

4/11/00 90197 001 1735.00

| | |
|----------------------------------|---|
| 4. FEI Number | Applied For |
| 59-1088883 | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

VILLAGE GREEN MANAGEMENT CORP
503 12TH AVE. SOUTH
NAPLES FL 33940

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|-----------------------------|--|---|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|--|---|

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | VSD | <input checked="" type="checkbox"/> Delete |
| NAME | YANOWITZ, ELISE | |
| STREET ADDRESS | 643 12TH AVE SOUTH | |
| CITY-ST-ZIP | NAPLES FL 34102 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | HUBBARD, ROBERT | |
| STREET ADDRESS | 859 12TH AVE SOUTH | |
| CITY-ST-ZIP | NAPLES FL 34102 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | CLARK, TOM | |
| STREET ADDRESS | 683 - 12TH AVENUE SOUTH | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MURPHY, LOUISE | |
| STREET ADDRESS | 853 12TH AVE SO | |
| CITY-ST-ZIP | NAPLES FL 34102 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Maker, Win | |
| STREET ADDRESS | 649 - 12th Ave. So. | |
| CITY-ST-ZIP | Naples, FL 34102 | |
| TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Kunkel, Marilyn | |
| STREET ADDRESS | 607 - 12th Ave. So. | |
| CITY-ST-ZIP | Naples, FL 34102 | |
| 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 like empowered.

SIGNATURE: Tom Clark, President *Tom Clark* Date: 2/21/00 Fe941/262-5355000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E037 (9/99)

KE