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FILED
May 21, 2002 8:00 am
Secretary of State

04-07-2002 90085 022 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N97000000889
1. Entity Name
Village Green "E" Corporation
Everglades Club

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
601 12th Avenue S
Suite, Apt. #, etc.
3. Mailing Address
745 12th Avenue S.
Suite, Apt. #, etc.
Suite AA

City & State
Naples, FL
City & State
Naples, FL
Zip
34102
Country
Zip
34102
Country

4. FEI Number
65-1092909
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Moore Property Management
Street Address (P.O. Box Number is Not Acceptable)
745-12th Ave. S, Ste AA
City Naples FL Zip Code 34102

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 Brenda H. Pederson Brenda H. Pederson 4/23/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehauling) DATE

FEE IS \$61.25
Initial or Amended UBR
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	TITLE	
NAME	Larry Wright	NAME	
STREET ADDRESS	601 12th Avenue S.	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34102	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Larry Bennett	NAME	
STREET ADDRESS	601 12th Avenue S.	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34102	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Myron Johnson	NAME	
STREET ADDRESS	601 12th Avenue S.	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34102	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Mary Lou McLevish	NAME	
STREET ADDRESS	601 12th Avenue S.	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34102	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Win Maker	NAME	
STREET ADDRESS	601 12th Avenue S.	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34102	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 on an attachment with an address, with all other like empowered.
SIGNATURE: Myron Johnson Myron Johnson 3/27/02 941 262 5052
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR DATE DAYONE PHOTO 1

CR2E037B (12/01)