

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90039 039 \*\*\*\*61.25

**DOCUMENT # N98000003031**

1. Entity Name

**JUBILEE VILLAS, INC.**

Principal Place of Business

742 NW 12TH AVENUE  
MIAMI FL 33136

Mailing Address

742 NW 12TH AVENUE  
MIAMI FL 33136

2. Principal Place of Business

1800 SW 1st Street  
Suite, Apt. #, etc.  
#206

3. Mailing Address

1800 SW 1st Street  
Suite, Apt. #, etc.  
#206City & State  
Miami, FloridaCity & State  
Miami, FloridaZip  
33135Country  
USAZip  
33135Country  
USA

4. FEI Number

65-0837662

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREEN, PATRICIA K  
 STEARNS WEAVER MILLER WEISSLER, ET. AL  
 150 WEST FLAGLER STREET - SUITE 2300  
 MIAMI FL 33130

7. Name and Address of New Registered Agent

Name Francis V. Gudorf  
 Street Address (P.O. Box Number is Not Acceptable)  
1800 SW 1st Street  
#206  
 City Miami, Florida FL Zip Code 33135

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 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 DP ☒ Delete  
 NAME CHAMBERS, ROBERT A.  
 STREET ADDRESS 2701 LEJEUNE RD STE 325  
 CITY-ST-ZIP CORAL GABLES FL 33146

TITLE DVST ☐ Delete  
 NAME GUDORF, FRANCIS V  
 STREET ADDRESS 742 NW 12TH AVENUE  
 CITY-ST-ZIP MIAMI FL 33136

TITLE D ☐ Delete  
 NAME MAYER, DOUGLAS R.  
 STREET ADDRESS 742 NW 12TH AVENUE  
 CITY-ST-ZIP MIAMI FL 33136

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☒ Addition  
 NAME Martha S. Tabak  
 STREET ADDRESS 1801 SW 1st Street  
 CITY-ST-ZIP Miami, Florida 33135

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1800 SW 1st Street #206  
 CITY-ST-ZIP Miami, Florida 33135

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1800 SW 1st Street, #206  
 CITY-ST-ZIP Miami, Florida 33135

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

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

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)