

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004210

1. Entity Name

JUBILEE/BAYSIDE VILLAS, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90008 001 ****70.00

Principal Place of Business

742 NW 12TH AVENUE
MIAMI FL 33136

Mailing Address

742 NW 12TH AVENUE
MIAMI FL 33136-3612

710350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0851882

Applied For

Not Applied

Zip

Country

Zip

Country

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

GUDORF, FRANCIS V
742 NW 12TH AVENUE
MIAMI FL 33136

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 ~~BP~~ ☒ Delete
NAME ~~MASVIDAL, PAUL~~
STREET ADDRESS ~~1401 PONC DE LEON BLVD., #300~~
CITY-ST-ZIP ~~CORAL GABLES FL 33134~~

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

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

TITLE ☐ Change ☒ Addition
NAME DP Robert A. Chambers
STREET ADDRESS 2701 Le Tejan Road, Suite 325
CITY-ST-ZIP Coral Gables, FL 33134

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francis V. Gudorf
Director / VP

1/24/00

305-326-8900

Daytime Phone #