# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 16, 2000 8:00 am**
**Secretary of State**
05-16-2000 90107 003 ****61.25

DOCUMENT # N98000004621

1. Entity Name

GREEN LEAF VILLAGE OF HERITAGE SPRINGS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 11345 ROBT TRENT JONES PARKWAY<br>NEW PORT RICHEY FL 34665<br>US | 11345 ROBT TRENT JONES PARKWAY<br>NEW PORT RICHEY FL 34655-4652<br>US |

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3573375 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

THOMPSON, LEE R.
11509 HIDDEN COVE COURT
NEW PORT RICHEY FL 34655

**7. Name and Address of New Registered Agent**

Name MITCHELL P. KRACH, GEN MGR
Street Address (P.O. Box Number is Not Acceptable)
HERITAGE SPRINGS COMM. ASSN INC.
11345 ROBERT TRENT JONES PARKWAY
City NEW PORT RICHEY FL Zip Code 34655

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 Mitchell P Krach Mitchell P Krach General Manager 4/25/00
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>MILLS, JOHN<br>11345 ROBT TRENT JONES PARKWAY<br>NEW PORT RICHEY FL 34665 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>NORMAN BARBER<br>11345 ROBERT TRENT JONES PARKWAY<br>NEW PORT RICHEY FL 34655 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MARTINS, JOHN<br>11345 ROBT TRENT JONES PARKWAY<br>NEW PORT RICHEY FL 34665 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>LUKASZEWSKI, JOHN J<br>11345 ROBT TRENT JONES PARKWAY<br>NEW PORT RICHEY FL 34665 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FERTIG, ROBERT<br>11345 ROBT TRENT JONES PARKWAY<br>NEW PORT RICHEY FL 34665 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>THOMPSON, LEE R.<br>11345 ROBT TRENT JONES PARKWAY<br>NEW PORT RICHEY FL 34665 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPO<br>WASHBURN, PAMELA S<br>11345 ROBT TRENT JONES PARKWAY<br>NEW PORT RICHEY FL 34665 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E03A (9/99)

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 Pres. 4-26-00 (239) 375-5536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #