2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90110 032 ****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 NEW PORT RICHEY FL 34665 US	11345 ROBT TRENT JONES PARKWAY NEW PORT RICHEY FL 34665 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	7. Name and Address of New Registered Agent
KARACH, MITCHELL P GEN MGR HERITAGE SPRINGS COMM ASSM INC. 11345 ROBERT TRENT JONES PARKWAY NEW PORT RICHEY FL 34655	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BARBER, NORMAN 11345 ROBERT TRENT JONES PKWY NEW PORT RICHEY FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINS, JOHN 11345 ROBT TRENT JONES PARKWAY NEW PORT RICHEY FL 34665	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST LUKASZEWSKI, JOHN J 11345 ROBT TRENT JONES PARKWAY NEW PORT RICHEY FL 34665	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERTIG, ROBERT 11345 ROBT TRENT JONES PARKWAY NEW PORT RICHEY FL 34665	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP THOMPSON, LEE 11345 ROBT TRENT JONES PARKWAY NEW PORT RICHEY FL 34665	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Lewis Eichholt 11345 Robert Trent Jones PKWY New Port Richey FL 34655	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPO WASHBURN, PAMELA S 11345 ROBT TRENT JONES PARKWAY NEW PORT RICHEY FL 34665	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPO Mitchell Krach 11345 Robert Trent Jones Parkway New Port Richey FL 34655	☑ Change ☐ Addition

CR2E037 (10/00)

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: Mitchell P. Karach Mitchell Krach 4/24/01 7273725411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #