

2000 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
May 19, 2000 8:00 am
Secretary of State

01-25-2000 90052 029 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000005113

1. Entity Name

ENCLAVE OF VILLAGE GREEN, INC.

Principal Place of Business

8304 NW 38 STREET
 CORAL SPRINGS FL 33065

Mailing Address

8304 NW 38 STREET
 CORAL SPRINGS FL 33065-2902

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applied

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ROESE, SUSAN
8304 NW 38 STREET
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

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

Susan Roese

Signature, typed or printed name of registered agent and title if applicable.

Susan Roese

(NOTE: Registered Agent signature required when reinstating)

1-18-00

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 ☐ Delete

NAME **PD**
ROESE, SUSAN
 STREET ADDRESS **8304 NW 38 ST**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete

NAME **VPD**
SOLOINS, STEPHEN
 STREET ADDRESS **8307 NW 37TH ST.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete

NAME **SD**
O'REILLY, JAMES
 STREET ADDRESS **8307 NW 37 ST**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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 ☐ Change ☐ Add

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Susan Roese
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

Date

954359402

Daytime Phone #