

2001 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
May 23, 2001 8:00 am
Secretary of State

05-02-2001 90207 044 ***150.00

DOCUMENT # P00000030217

1. Entity Name

JUBILEE VILLAGE, INC.

Principal Place of Business

Mailing Address

**30 NORTHEAST 3RD STREET
 FORT LAUDERDALE FL 33301-1042**

**30 NORTHEAST 3RD STREET
 FORT LAUDERDALE FL 33301-1042**

2. Principal Place of Business

820 ROSA L. JONES BVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA, FL

City & State

4. FEI Number

65-0996904

Applied For

Not Applicable

Zip

Country

Zip

Country

32922

BREVARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DORER, ERIC J ESQ.
 30 NORTHEAST 3RD STREET
 FORT LAUDERDALE FL 33301-1042**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DORER, ERIC J	
STREET ADDRESS	30 NORTHEAST 3RD STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301-1042	
TITLE	D	<input type="checkbox"/> Delete
NAME	SORCINELLI, DONALD	
STREET ADDRESS	200 LESLIE DRIVE #1014	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

**ERIC J. DORER,
 PRES.**

4/25/01

Date

954-467-1224

Daytime Phone #

CR2E034 (10/00)