

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P24801**

1. Entity Name

VILLAGE ON THE GREEN-ORLANDO, INC.**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90161 001 *1,500.00

0696718

Principal Place of Business Mailing Address
800 2ND AVENUE 800 2ND AVENUE
DES MOINES IA 50309 DES MOINES IA 50309

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 **42-1176940**

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME THURSTON, STANLEY G.
STREET ADDRESS 665 HARWOOD DRIVE
CITY-ST-ZIP DES MOINES IA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVPS ☒ Delete
NAME HOOVER, STEVE
STREET ADDRESS 8725 ROSEHILL RD STE 212
CITY-ST-ZIP LENEKA KS 66215

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME NEIS, ARTHUR V.
STREET ADDRESS 1575 N.W. 106TH STREET
CITY-ST-ZIP DES MOINES IA

TITLE ☐ Change ☒ Addition
NAME *Vice President - CFO*
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME KENNY, EDWARD R.
STREET ADDRESS 209 TONAWANDA DR.
CITY-ST-ZIP DES MOINES IA

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME HARRISON, MARY
STREET ADDRESS 800 NW 17 AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Arthur V. Neis

4-18-01

Date

(515) 245-7650

Daytime Phone #

CR2E034 (10/00)