

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074566

1. Entity Name

Oakwood Golf Villas, Inc.

FILED

00 AUG -1 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
Studio Fasol Bagni Bosco
Commerlialisti Associati
Via Giberti, 7
Verona, Italy 37122

Mailing Address
Studio Fasol Bagni Bosco
Commerlialisti Associati
Via Giberti, 7
Verona, Italy 37122

2. Principal Place of Business
Studio Fasol Bagni Bosco
Suite, Apt. #, etc.
Commerlialisti Associati

3. Mailing Address
Studio Fasol Bagni Bosco
Suite, Apt. #, etc.
Commerlialisti Associati

DO NOT WRITE IN THIS SPACE

City & State
Via Dominutti 20
Zip
37135 Country
Verona, Italy

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Via Dominutti 20
Zip
37135 Country
Verona, Italy

4. FEI Number
59-3272960 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

F & L Corp.
The Greenleaf Building
200 Laura Street
Jacksonville, FL 32205

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, 2000 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 **P/D**
NAME **Domenichini, Bruno** ☐ Delete
STREET ADDRESS **5334 Central Florida Pkwy., Suite 109**
CITY-ST-ZIP **Orlando, FL 32821**

TITLE **VP**
NAME **Angeli, Cesare** ☐ Delete
STREET ADDRESS **Studio Fasol Bagni Bosco**
CITY-ST-ZIP **Commerlialisti Associati Via Giberti, 7 Verona, Italy 37122**

TITLE **VP**
NAME **Tommasi, Arnaldo** ☐ Delete
STREET ADDRESS **Studio Fasol Bagni Bosco**
CITY-ST-ZIP **Commerlialisti Associati Via Giberti, 7 Verona, Italy 37122**

TITLE **ST**
NAME **Tommasi, Dina** ☐ Delete
STREET ADDRESS **Studio Fasol Bagni Bosco**
CITY-ST-ZIP **Commerlialisti Associati Via Giberti, 7 Verona, Italy 37122**

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
NAME **Domenichini, Bruno**
STREET ADDRESS **5334 Central Florida Pkwy., Suite 109**
CITY-ST-ZIP **Orlando, FL 32821**

TITLE **VP** ☒ Change ☐ Addition
NAME **Angeli, Cesare**
STREET ADDRESS **Studio Fasol Bagni Bosco**
CITY-ST-ZIP **Commerlialisti Associati Via Dominutti 20 Verona, Italy 37135**

TITLE **VP** ☒ Change ☐ Addition
NAME **Tommasi, Arnaldo**
STREET ADDRESS **Studio Fasol Bagni Bosco**
CITY-ST-ZIP **Commerlialisti Associati Via Dominutti 20 Verona, Italy 37135**

TITLE **ST** ☒ Change ☐ Addition
NAME **Tommasi, Dina**
STREET ADDRESS **Studio Fasol Bagni Bosco**
CITY-ST-ZIP **Commerlialisti Associati Via Dominutti 20 Verona, Italy 37122**

TITLE _____ ☐ Change ☐ Addition
NAME **500003350275-3**
STREET ADDRESS **-08/09/00-01009-004**
CITY-ST-ZIP ******550.00 ****550.00**

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:  **DOMENICHINI BRUNO 07-20-00** 407/239-8667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bruno Domenichini

Date

Daytime Phone #

CR2E034 (9/99)