

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000054740**1. Entity Name
CORAL SPRINGS VILLAGE GREEN, INC

Principal Place of Business

9804 SW 134 CT

MIAMI
33186

FL

US

Mailing Address

1857 PRAIRIE ST.

GLENVIEW
60025

IL

US

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

22-3434692

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARNARD ANDREW
9655 S DIXIE HWY
108
MIAMI
33156

FL

US

7. Name and Address of New Registered Agent

Name

TOMPKINS TRENNER JII

Street Address (P.O. Box Number is Not Acceptable)

5300 NW 74 TERR

City
LAUDERHILL

FL

Zip Code
33319

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 **TRENNER J. TOMPKINS II****04/07/2001**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete
NAME	TOMPKINS JEANNE	
STREET ADDRESS	9804 SW 134 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	P	<input type="checkbox"/> Delete
NAME	KASSNER DAVID	
STREET ADDRESS	1857 PRAIRIE ST	
CITY-ST-ZIP	GLENVIEW IL 60025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KASSNER DAVID	
STREET ADDRESS	1857 PRAIRIE ST	
CITY-ST-ZIP	GLENVIEW IL 60025	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSNER DAVID	
STREET ADDRESS	1857 PRAIRIE ST	
CITY-ST-ZIP	GLENVIEW IL 60025	
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		
STREET ADDRESS		
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: **DAVID KASSNER**

P

04/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)