

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091319

1. Entity Name

TRANSEASTERN PEMBROKE VILLAGES, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90021 015 ***158.75

Principal Place of Business

Mailing Address

3300 UNIVERSITY DRIVE
FIRST FLOOR, LOBBY
CORAL SPRINGS FL 33065

3300 UNIVERSITY DRIVE
FIRST FLOOR, LOBBY
CORAL SPRINGS FL 33065-6309

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

65-0653044

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

KINSEY, JOHN T
2300 CORPORATE BLVD.
SUITE 112
BOCA RATON FL 33431

Name

CORA Di Fiore

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

3300 University Dr

STE 001

City

Coral Springs

FL

Zip

33065

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALCONE, ARTHUR J		NAME	
STREET ADDRESS	3300 UNIVERSITY DRIVE		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUCCI, PHILIP JR.		NAME	
STREET ADDRESS	3300 UNIVERSITY DRIVE		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALCONE, EDWARD		NAME	
STREET ADDRESS	3300 UNIVERSITY DRIVE		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIFIORE, CORA		NAME	
STREET ADDRESS	3300 UNIVERSITY DRIVE		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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

Date

Daytime Phone #

CR2E034 (9/99)