

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90263 049 ***150.00

DOCUMENT # P95000096022

1. Entity Name
 VILLAS AT HARBOR GREEN, INC.

Principal Place of Business **Mailing Address**

8925 S.W. 148 Street
 Suite 218
 Miami, Fl. 33176

SAME

840614

2. Principal Place of Business **3. Mailing Address**

8925 S.W. 148 Street
 Suite, Apt. #, etc.
 Suite 218
 City & State
 Miami, Florida

8925 S.W. 148 Street
 Suite, Apt. #, etc.
 Suite 218
 City & State
 Miami, Florida

Zip Country Zip Country

33176 33176

4. FEI Number **Applied For**

65-0719513 ☐ Not Applicable

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

☐ ☐

6. Name and Address of Current Registered Agent

Thomas E. Lewis
 8925 S.W. 148 Street, Suite 218
 Miami, Florida 33176

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 **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEES \$150.00** **10. Election Campaign Financing** **\$5.00 May Be Added to Fees**

(See criteria on back) **After MAY 1, 2000 Fee will be \$550.00** **Trust Fund Contribution** ☐

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD NAME Lewis, Thomas E. STREET ADDRESS 8925 S.W. 148 St., Ste 218 CITY-ST-ZIP Miami, Fl. 33176	<input type="checkbox"/> Delete
TITLE VPAS NAME Barnes, Joel D. STREET ADDRESS 8925 S.W. 148 St., Ste 218 CITY-ST-ZIP Miami, Fl. 33176	<input type="checkbox"/> Delete
TITLE ST NAME Klisiewicz, Frances STREET ADDRESS 8925 S.W. 148 St., Ste 218 CITY-ST-ZIP Miami, Fl. 33176	<input checked="" type="checkbox"/> Delete
TITLE ASST. SECRETARY NAME Jarrett, Sandra STREET ADDRESS 8925 S.W. 148 St., Ste 218 CITY-ST-ZIP Miami, Fl. 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **April 27, 2000** **Date** **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)