

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90010 002 ***558.75

DOCUMENT # P96000016410

1. Entity Name

GLOBAL VILLAGE PROPERTIES, INC. ✓

Principal Place of Business

5070 NORTH OCEAN DRIVE, APT. 4-C
SINGER ISLAND FL 33404

Mailing Address

4450 S. PARK AVE.
APT. 1605
CHEVY CHASE MD 20815

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

11420 STRAND DR APT 8

APT. 8

N. BETHESDA, MD

20852

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0646021

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

COOK, ROBERT B ESQUIRE
11911 U.S. HIGHWAY ONE
SUITE 308
NORTH PALM BEACH FL 33408

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	KIMBERLY, JENNIFER W	
STREET ADDRESS	23040 BRIGHTON PL.	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	WEISSLINDA S	
STREET ADDRESS	4450 S. PARK AVE. APT. 1605	
CITY-ST-ZIP	CHEVY CHASE MD 20815	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, LINDA S.	
STREET ADDRESS	11420 STRAND DR APT. 8	
CITY-ST-ZIP	N. BETHESDA, MD 20852	
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LINDA SUE WEISS

7/6/00 301-881-4991
Date Daytime Phone #
301-762-9696