2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P96000025787** 1. Entity Name VILLAGE AT HAWKS CAY, INC. 04-30-2001 90102 040 ***150.00 Principal Place of Business Mailing Address 100 SE SECOND ST STE 3350 100 SE SECOND ST STE 3350 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0658870 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLISON, JOHN R III Street Address (P.O. Box Number is Not Acceptable) 100 SE SECOND ST STE 3350 MIAMI FL 33131 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Delete TITLE Addition Protam Singh Leo golf Club Dr. RYSMAN, PETER NAME STREET ADDRESS 60 GOLF PLUB DE STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-7iP ☐ Delete TITI F Addition HAGEL, NANCY NAME STREET ADDRESS **60 GOLF CLUB DE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE Delete Maddition Addition CREATH, JACQUELINE E NAME STREET ADDRESS 60 GOLF CLYB DE STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP C!TY -ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATALE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 truspee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if