

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011942

1. Entity Name

VILLAGGIO DI LAS OLAS DEVELOPMENT, INC.

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

05-07-2000 90003 002 ***150.00

Principal Place of Business

Mailing Address

1318 SE 2 AVE
FT LAUDERDALE FL 33316

1318 SE 2 AVE
FT LAUDERDALE FL 33316-1810

2. Principal Place of Business

1103 East Las Olas Blvd.

3. Mailing Address

1103 East Las Olas Blvd.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0813980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COKER, RICHARD G JR
1318 SE 2 AVE
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Michael A. Shiff

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

1103 E. Las Olas Blvd. Suite 200

City

Fort Lauderdale, FL

FL

Zip Code

33301

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

Michael A. Shiff

April 24, 2000

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

TITLE PD ☐ Delete
NAME SHIFF, MICHAEL A
STREET ADDRESS 1103 E LAS OLAS BLVD STE 200
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE VD ☐ Delete
NAME SHIFF, JUSTEN D
STREET ADDRESS 1103 E LAS OLAS BLVD STE 200
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Shiff

Date

954-463-8900 x 22

Daytime Phone #

CR2E034 (9/99)