01 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000022835**

	1 UNIFORM BUS	FILED								
1. Entity Na	IMENT # P98000 (OPERTIES, INC.	022835		May 14, 2001 8 Secretary of S 05-14-2001 90179 008 ***						
Principal Place of Business 127 BAREFOOT COVE HYPOLUXO FL 33462		Mailing Address 127 BAREFOOT COVE HYPOLUXO FL 33462								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number 65-0825299)		pplied For	7	
Zip	Country	Zip	Country		5. Certificate of Status Desired		8.75 Addee Require		1	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New R			30	-	
			Na	me					7	
127	K, Michael G ESQ Barefoot Cove Oluxo Fl 33462	Stre		eet Address (F	P.O. Box Number is Not Acceptable)			-	
			City	у		FL	Zip Cod	de	-	
Tax filing	Signature, typed or printed name of registered agent or printed name of registered agent or praction is eligible to satisfy its intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat			10. Election Campaign Financing \$5.00 May Be					
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFI	CERS AND E	RECTOR	S IN 11	1_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GOLDSTEIN, JON D 127 BAREFOOT COVE HYPOLUXO FL 33462	☐ Delete	TITLE NAME STREET ADDR			(Change	☐ Addition	E034 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS PARK, MICHAEL G 127 BAREFOOT COVE HYPOLUXO FL 33462	□ Delete	TITLE NAME STREET ADDR		•	Ţ	Change	☐ Addition	CR2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR			[☐ Change	☐ Addition		
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADOR CITY-ST-ZIP	ESS		[□ Change	Addition		
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			_ Change	Addition		
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS		[Change	Addition	1	

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 receive or trustee employment 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 attachmen with

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR