

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90020 031 \*\*\*150.00

**DOCUMENT # P98000028479**

1. Entity Name

**THE MALL CONCIERGE, INC.**

Principal Place of Business

4711 NW 30TH ST.  
COCONUT CREEK FL 33063

Mailing Address

4711 NW 30TH ST.  
COCONUT CREEK FL 33060-8062

2. Principal Place of Business

501 Se 10th Avenue

Suite, Apt. #, etc.

3. Mailing Address

501 Se 10th Avenue

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL  
33060  
Country: Palm Beach

City & State

Pompano Beach, FL  
33060  
Country: Palm Beach

4. FEI Number

65-0825262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HESSLER, RONALD  
14559 AUTUMN AVE.  
WELLINGTON FL 33414

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

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: PTD  
NAME: VAN DEVENTER, PHILIP L  
STREET ADDRESS: 4711 NW 30TH ST.  
CITY-ST-ZIP: COCONUT CREEK FL 33063 ☐ Delete

TITLE: VSD  
NAME: VAN DEVENTER, ELIZABETH  
STREET ADDRESS: 4711 NW 30TH ST.  
CITY-ST-ZIP: COCONUT CREEK FL 33063 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PTD  
NAME: VanDeventer, Phil L.  
STREET ADDRESS: 501 Se 10th Avenue  
CITY-ST-ZIP: Pompano Beach, FL 33060 ☒ Change ☐ Addition

TITLE: VSD  
NAME: VanDeventer, Elizabeth  
STREET ADDRESS: 501 Se 10th Avenue  
CITY-ST-ZIP: Pompano Beach, FL 33060 ☒ Change ☐ Addition

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

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

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: *William J. Deventer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 15, 2000* 954-532-1363  
Date Daytime Phone #