

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000029491**

1. Entity Name

GREYKNOLLS LAKE ASSOCIATION, INC.**FILED****Feb 08, 2001 8:00 am**
Secretary of State

02-08-2001 90151 032 ***150.00

Principal Place of Business

**1820 N.E. 193RD STREET
NORTH MIAMI BEACH FL 33179**

Mailing Address

**1820 N.E. 193RD STREET
NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business

1830 NE 193 STREET

Suite, Apt. #, etc.

3. Mailing Address

1830 NE 193 STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH FL

City & State

NORTH MIAMI BEACH FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33179-3644

Country

DADE

Zip

33179-3644

Country

DADE5. 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

VEREBAY, LAYNE**190 N.E. 199TH STREET, SUITE 204
NORTH MIAMI FL 33179**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, JUANITA	
STREET ADDRESS	1820 N.E. 193RD STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	STAFMAN, GEORGE	
STREET ADDRESS	1820 N.E. 193RD STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	BROOK, RICHARD	
STREET ADDRESS	1820 N.E. 193RD STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	BASS, LINDA	
STREET ADDRESS	1820 N.E. 193 STREET	
CITY-ST-ZIP	MIAMI FL 33179	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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
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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		

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

Linda Bass, Treasurer LINDA BASS

Day

1/23/01 305-937-1813

Daytime Phone #

CR2E034 (10/00)