

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022846

1. Entity Name

FAF GROUP VII, INC.

Principal Place of Business

Mailing Address

13575 58TH STREET NORTH, STE. 144
CLEARWATER FL 33760

13575 58TH STREET NORTH, STE. 144
CLEARWATER FL 33760-3746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JEFFRIES, DAVID M
220 S. FRANKLIN ST
TAMPA FL 33609

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 re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	President & Director <input type="checkbox"/> Delete Daniel E. Lubeck 1411 Noble Rd Jenkintown, PA 19046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete Michael Berardi RD5, Box 5199 East Stroudsburg, PA 18301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secty-Treas-Mging Dir <input type="checkbox"/> Delete Joseph G. Lubeck 13575 58th Street N #144 Clearwater, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Joseph G. Lubeck
JOSEPH G. LUBECK

Date

Daytime Phone #

4/25/2000 (912) 538-7706

5/9/

FILED

Jul 12, 2000 8:00 am
Secretary of State

05-09-2000 90031 044 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

106705

DOCUMENT # P99000022846

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Principal Place of Business

13575 58TH STREET NORTH, STE. 144
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CLEARWATER FL 33760-3746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3566125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEFFRIES, DAVID M
220 S. FRANKLIN ST
TAMPA FL 33609

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

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Tax filing requirement and elects to do so.
(See criteria on back) ☐

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11. OFFICERS AND DIRECTORS

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph G. Luback

4/25/2000 (712) 538-7706

Doc # P99000022846

106705

**KINGS GULF VISTA APARTMENTS ASSOC., LTD.
GENERAL PARTNER FAF GROUP V**

SUMMIT CENTER
13575 58TH ST. N., STE. 144
CLEARWATER, FL 33760

1034

63-1316/631
03

DATE 4/25/2000

PAY TO THE
ORDER OF Department of State \$ 150.00

ONE HUNDRED & FIFTY-----DOLLARS Security features are included. Details on back.

INTERVEST BANK

625 Court Street
Clearwater, Florida 33756

FOR 2000UBR-FAF Group VII, Inc/Redington

Barbara Misener

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