

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90262 008 \*\*\*550.00

**DOCUMENT # P99000047148**

1. Entity Name

**SAPPHIRE GATES FARM INC.**

Principal Place of Business

**4424 GARDEN POINT TRAIL  
 WELLINGTON FL 33414**

Mailing Address

**4424 GARDEN POINT TRAIL  
 WELLINGTON FL 33414**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**2044 Greenview Shores Blvd.**

Suite, Apt. #, etc.

**#302**

City & State

**Wellington, FL 33414**

Zip

**33414**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0926039**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**VEOUKAS, NICKI  
 4424 GARDEN POINT TRAIL  
 WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

**Robert R. Morris, Esquire**

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

**685 Royal Palm Beach Boulevard**

**Suite 205**

City

**Royal Palm Beach**

**FL**

Zip Code

**33411**

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

*Robert R. Morris*

**Robert R. Morris, Registered Agent**

**8/30/01**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VEOUKAS, LOUIS</b>	
STREET ADDRESS	<b>4424 GARDEN POINT TRAIL</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VEOUKAS, NICKI</b>	
STREET ADDRESS	<b>4424 GARDEN POINT TRAIL</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Veoukas, Louis</b>	
STREET ADDRESS	<b>2044 Greenview Shores Blvd, #302</b>	
CITY-ST-ZIP	<b>Wellington, FL 33414</b>	
TITLE	<b>P D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Veoukas, Niki</b>	
STREET ADDRESS	<b>2044 Greenview Shores Blvd, #302</b>	
CITY-ST-ZIP	<b>Wellington, FL 33414</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Niki Veoukas*

**Niki Veoukas, President 561-793-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)