

2000 UNIFORM BUSINESS REPORT (UBR)

5/8

FILED

Jun 21, 2000 8:00 am
Secretary of State

05-08-2000 90170 025 ***150.00

DOCUMENT # P99000049282

1. Entity Name

WINDSOR GARDENS, INC.

(Handwritten signature)

Principal Place of Business

4521 PGA BLVD. SUITE 323
PALM BEACH GARDENS FL 33418

Mailing Address

4521 PGA BLVD. SUITE 323
PALM BEACH GARDENS FL 33418-3997

2. Principal Place of Business

1986 WINDSOR DRIVE
Suite, Apt. #, etc.

3. Mailing Address

1986 WINDSOR DRIVE
Suite, Apt. #, etc.

City & State

NORTH PALM BEACH, FL

City & State

NORTH PALM BEACH, FL

4. FEI Number

65-0928468

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

33408

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, LARRY B
505 S FLAGLER DR, SUITE 1100
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

PAVESE, ROBERT R.

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

1986 WINDSOR DRIVE

City

NORTH PALM BEACH

FL

Zip Code

33408

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

(Handwritten signature)

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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 ☐ Delete

NAME VD
STREET ADDRESS PAVESE, ROBERT R
CITY-ST-ZIP 4521 PGA BLVD, SUITE 323
PALM BEACH GARDENS FL 33418

TITLE ☐ Delete

NAME PD
STREET ADDRESS LYLE, KEITH B
CITY-ST-ZIP 4521 PGA BLVD, SUITE 323
PALM BEACH GARDENS FL 33418

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 1986 WINDSOR DRIVE
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 1986 WINDSOR DRIVE
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

(Handwritten signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

DATE

(561) 630-7174

DAYTIME PHONE #