

2000 UNIFORM BUSINESS REPORT (UBR)

2/2/00-90043-009-\$25.00-\$25.00

DOCUMENT # P99000069755

1. Entity Name
GOLF VILLA RESORT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 17 AM 9:05

Principal Place of Business
13370 PROSPECT ROAD
STRONGSVILLE OH 44136

Mailing Address
13370 PROSPECT ROAD
STRONGSVILLE OH 44136-3854



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0940124

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

PRINZ, BETH TEARDO
1100 S FEDERAL HIGHWAY
STUART FL 34994

Name
RICHARD J. DUNGEY, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
1100 So. Federal Highway
Stuart, FL 34994
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

Signatures, typed or printed name of registered agent and fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	NICKLICH, JOHN	9801 PERFECT DR	PORT ST. LUCIE, FL 34986	<input type="checkbox"/>
	PUZZITIELLO, RICHARD SR	9801 PERFECT DR	PORT ST. LUCIE, FL 34986	<input type="checkbox"/>
	PUZZITIELLO, RICHARD JR	9801 PERFECT DR	PORT ST. LUCIE FL 34986	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
			6000003196076--2	<input type="checkbox"/>	<input type="checkbox"/>
			-04/04/00--00000000	<input type="checkbox"/>	<input type="checkbox"/>
			****133.75 ****133.75	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

DATE

Daytime Phone #

CR2E034 (9/99)

AD