

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/1.

**FILED**

**Jun 27, 2000 8:00 am**  
**Secretary of State**

06-01-2000 90018 001 \*\*\*150.00

**DOCUMENT # P99000082357**

1. Entity Name

**VERO BEACH PROPERTIES, INC.**

*R*

Principal Place of Business

C/O HATCH & DOTY, P.A.  
1701 HWY. A1A, STE. 220  
VERO BEACH FL 32963

Mailing Address

C/O HATCH & DOTY, P.A.  
1701 HWY. A1A, STE. 220  
VERO BEACH FL 32963-2206

2. Principal Place of Business

**VERO BEACH**

3. Mailing Address

**P.O. Box 1333**

Suite, Apt. #, etc.

**1701 Hwy. A1A, Ste 220**

Suite, Apt. #, etc.

City & State

**VERO BEACH, FL 32963**

City & State

**BOCA RATON, FL**

Zip

Country

**U.S.A.**

Zip

**33429**

Country

**U.S.A.**

4. FEI Number

**65-0960899**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HATCH, IRA C ESQ.**  
**1701 HWY A1A, STE 220**  
**VERO BEACH FL 32960**

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

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	<b>PRESIDENT, V-PRE</b>	<input type="checkbox"/> Delete
NAME	<b>KYLE J. MILLER</b>	
STREET ADDRESS	<b>1706 AVENIDA DEL SOL</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>	
TITLE	<b>STOCKHOLDER ONLY</b>	<input type="checkbox"/> Delete
NAME	<b>HOWARD R CROLL</b>	
STREET ADDRESS	<b>1701 HWY A1A, #220</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>	
TITLE	<b>TREASURER, SECRETARY</b>	<input type="checkbox"/> Delete
NAME	<b>KARL W. MILLER</b>	
STREET ADDRESS	<b>1706 AVENIDA DEL SOL</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33432</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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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)(l), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/00**

Date

**392-9861**

Daytime Phone #

CR2000 19/00