

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087642

1. Entity Name

CENTRES VILLA GP, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90251 028 ***150.00

Principal Place of Business

Mailing Address

C/O CENTRES, INC.
3315 NORTH 124TH STREET SUITE E
BROOKFIELD WI 53005

C/O CENTRES, INC.
3315 NORTH 124TH STREET SUITE E
BROOKFIELD WI 53005-3105

2. Principal Place of Business

100 Congress Ave.

3. Mailing Address

P. O. Box 684807

Suite, Apt. #, etc.

Suite 740

Suite, Apt. #, etc.

City & State

Austin, Texas

City & State

Austin, Texas

Zip

78701

Country

USA

Zip

78768

Country

USA

4. FEI Number

39-1975611

Applied For

Not Applicable

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

SHEVIN, ARNOLD D
TWO DATRAN CENTER, SUITE 1528
9130 SOUTH DADELAND BLVD.
MIAMI FL 33156

Name

CORPORATION SERVICE COMPANY

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

1201 Hays Street

City

Tallahassee

FL

Zip Code
32301

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

Patricia Pizzuto

Patricia Pizzuto as agent

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D KARL, KENNETH	<input type="checkbox"/> Delete
STREET ADDRESS	9130 SOUTH DADELAND BLVD. SUITE 1528	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	Director and President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	David M. Currey	
CITY-ST-ZIP	100 Congress Ave. #740 Austin, Texas 78701	
TITLE NAME	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Marc Currey	
CITY-ST-ZIP	100 Congress Ave. #740 Austin, Texas 78701	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

(512) 472-5856

Daytime Phone #