

2000 UNIFORM BUSINESS REPORT (UBR)

5/9/00-90051-024-\$150.00-\$150.00

DOCUMENT # P99000091173

1. Entity Name

GENERATIONS HOLDINGS CORP.

FILED

00 MAY 25 PM 12:29

Principal Place of Business

Mailing Address

11440 METRO PARKWAY
FORT MYERS FL 33912

11440 METRO PARKWAY
FORT MYERS FL 33912-1292

2. Principal Place of Business

3. Mailing Address

1617 Santa Barbara Blvd
Suite, Apt. #, etc.

same
Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

same

4. FEI Number

65-0974214

Applied For

Not Applicable

Zip

33990

Country

USA

Zip

same

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

VALENTINE, GREGORY
11440 METRO PARKWAY
FORT MYERS FL 33912

Name

Gregory Valentine

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

2131 SW 12th Avenue

City

Cape Coral

FL

Zip Code

33991

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

Gregory Valentine

(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
PD
VALENTINE, GREGORY
2131 SW 12TH AVENUE
CAPE CORAL FL 33991 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
VALENTINE, MATTHEW
2822 SW 35TH LANE
CAPE CORAL FL 33914 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
VALENTINE, MICHAEL
1726 SE 5TH COURT
CAPE CORAL FL 33990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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 #

4/25/00

941-7727316

CR2E034/9991