

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111415

1. Entity Name
VILLEGREEN ENTERPRISES LIMITED, INC.

Principal Place of Business

**332 SWEET BAY CIRCLE
JUPITER FL 33458**

Mailing Address

**332 SWEET BAY CIRCLE
JUPITER FL 33458**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0187211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HECKER, SUSAN
200 S ORANGE AVE
SARASOTA FL**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	ROGER SLEEP
CITY-ST-ZIP	332 SWEET BAY CIRCLE - JUPITER FLORIDA 33458
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY DIRECTOR
STREET ADDRESS	ELORA SLEEP
CITY-ST-ZIP	332 SWEET BAY CIRCLE - JUPITER FLORIDA - 33458
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	TIMOTHY SLEEP
CITY-ST-ZIP	332 SWEET BAY CIRCLE, JUPITER - FLORIDA - 33458
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	SCLENNING - KENEA
CITY-ST-ZIP	1858 RINKLING BOULEVARD SARASOTA FLORIDA 34236
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	
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

Date

Daytime Phone #

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90013 027 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

2/14/00