

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90099 020 ***150.00

DOCUMENT # V55983

1. Entity Name
MINTO COMMUNITIES (PEMBROKE), INC.

Principal Place of Business Mailing Address
4400 WES SAMPLE RD **4400 WES SAMPLE RD**
STE 200 **STE 200**
COCONUT CREEK FL 33073 **COCONUT CREEK FL 33073**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0426565** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GREENBERG, MICHAEL
4400 W SAMPLE RD
STE 200
COCONUT CREEK FL 33073

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable

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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENBERG, MICHAEL		NAME		
STREET ADDRESS	4400 W SAMPLE ROAD, STE. 200		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOANISSE, PHILIPPE		NAME		
STREET ADDRESS	4400 W SAMPLE ROAD, STE 200		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POSIN, HARRY		NAME		
STREET ADDRESS	4400 SAMPLE ROAD, STE. 200		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	UNGER, CRAIG		NAME		
STREET ADDRESS	4400 W SAMPLE ROAD, STE 200		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		CITY-ST-ZIP		
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODGERS, FRANK		NAME		
STREET ADDRESS	4400 WEST SAMPLE ROAD, STE. 200		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENBERG, ROGER		NAME		
STREET ADDRESS	4400 WEST SAMPLE ROAD, STE 200		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		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: *Frank Rodgers* **FRANK RODGERS, VPAS** 4/27/00 954-973-4490
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)