## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## FILED Jan 19, 2001 8:00 am Secretary of State **DOCUMENT # 710979** CAMILLE GARDENS NO. 1, INC. 01-19-2001 90024 026 \*\*\*\*61.25 Principal Place of Business Mailing Address 2202 GLADIOLA DR 2202 GLADIOLA DR LEHIGH ACRES FL 33972 LEHIGH ACRES FL 33972 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1226118 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name. --The state of the s Street Address (P.O. Box Number is Not Acceptable) STELZER, JOHN 2202 GLADIOLA DR LEHIGH ACRES FL 33936 Zip Code FI 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. JOHN STELZER Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. TD TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STELZER, J 2202 GLADIOLA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL ☐ Change Addition ☐ Delete TITLE TITLE NAME ARENCIBIA, C. NAME STREET ADDRESS STREET ADDRESS 2204 GLADIOLA DR CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME WEBER, GISELA NAME STREET ADDRESS STREET ADDRESS 2211 GLADIOLA DR CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE ARENCIBIA, J NAME NAME STREET ADDRESS STREET ADDRESS 2204 GLADIOLA DR CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE CUSTER, MARY LOU NAME NAME STREET ADDRESS STREET ADDRESS 2210 GLADIOLA DR CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL ☐ Delete TITLE ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ECTIPED. ARENCISIA 1-9-01 (941) 368-9577

SIGNING OFFICER OR DIRECTOR

Date

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