

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90096 044 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT# 721337
1. Entity Name
 COCOHATCHEE MANOR, INC.

Principal Place of Business
 187 Forest Lakes Blvd.
 Naples, FL 34105

Mailing Address
 187 Forest Lakes Blvd.
 Naples, FL 34105

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number
 59-2170043

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Gracey, Robert T.
 187 Forest Lakes Blvd.
 Naples, FL 34105

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 Robert T. Gracey 4/12/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW.
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	Macy, Joseph	
STREET ADDRESS	649 Palm View Dr.	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	Moyer, Edgar	
STREET ADDRESS	677 Palm View Dr.	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	Youngberg, Gilbert	
STREET ADDRESS	665 Palm View Dr.	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	Sandston, William	
STREET ADDRESS	713 Palm View Dr.	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	Metzger, Dorothy	
STREET ADDRESS	653 Palm View Dr.	
CITY-ST-ZIP	Naples, FL 34110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		

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.

SIGNATURE: Robert T. Gracey 4/12/00 941-649-5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)