

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724554

1. Entity Name

MONTEGO MANOR, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90062 040 ****61.25

Principal Place of Business PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES FL 34104 US	Mailing Address PROPERTY MANAGEMENT 265 AIRPORT RD. S. NAPLES FL 34104-3518 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 187 FOREST LAKES BLVD.	3. Mailing Address 187 FOREST LAKES BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES, FL	City & State NAPLES, FL
Zip 34105	Zip 34105
Country USA	Country USA

4. FEI Number 59-1468064	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent PROPERTY MANAGEMENT 265 AIRPORT RD. SOUTH STE 157 NAPLES FL 34104

7. Name and Address of New Registered Agent Name GRACEY, ROBERT T. Street Address (P.O. Box Number is Not Acceptable) 187 FOREST LAKES BLVD. City NAPLES FL Zip Code 34105

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 _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRUTHIER, JOYCE 215 CYPRESS WAY EAST C8 NAPLES FL 34110 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, CHARLES 215 CYPRESS WAY E. D1 NAPLES FL 34110 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INMAN, BRUCE 215 CYPRESS WY E A2 NAPLES FL 34110 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JIM 215 CYPRESS WAY E #C8 NAPLES, FL 00000 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERMERT, JUDY 215 CYPRESS WAY EAST DRIVE NAPLES FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADD JOHNSON, RONALD 215 CYPRESS WAY E. NAPLES, FL 34110 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADD BRIDGEMAN, BUD 215 CYPRESS WAY E. NAPLES, FL 34110 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADD GRACEY, ROBERT 187 FOREST LAKES BLVD. NAPLES, FL 34105 ☐ Change ☒ Addition

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: SIGNATURE OF ROBERT T. GRACEY 4/15/00 941-649-5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)