

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90027 033 ****61.25

DOCUMENT # 724554

1. Entity Name

MONTEGO MANOR, INC.

Principal Place of Business

187 FOREST LAKES BLVD
 NAPLES FL 34105
 US

Mailing Address

187 FOREST LAKES BLVD 187 FOREST LAKES BLVD
~~265 AIRPORT RD. S.~~
 NAPLES FL 34105 **NAPLES, FL 34105**
 US

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

59-1468064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRACEY, ROBERT
187 FOREST LAKES BLVD.
NAPLES FL 34105

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
GRUTHIER, JOYCE
215 CYPRESS WAY EAST C6
NAPLES FL 34110 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
JOHNSON, RON
215 CYPRESS WAY E. #A1
NAPLES, FL 34110 ☐ Change ☒ Addition

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
SO
FISHER, SUSAN
215 CYPRESS WAY E. #06
NAPLES, FL 34110 ☐ Change ☒ Addition

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
TD
VIBRAL, DON
215 CYPRESS WAY E. #A3
NAPLES, FL 34110 ☐ Change ☒ Addition

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
HALL, DAVID
215 CYPRESS WAY E. #B2
NAPLES, FL 34110 ☐ Change ☒ Addition

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
AST
GRACEY, ROBERT
187 FOREST LAKES BLVD
NAPLES, FL 34105 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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 REQUIRED** **ROBERT GRACEY** **4/12/01** **941-649-5667**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)