

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90012 009 ****61.25

DOCUMENT # 724554

1. Entity Name

MONTEGO MANOR, INC.

Principal Place of Business

**FOREST LAKES BLVD
NAPLES FL 34105**

Mailing Address

**187 FOREST LAKES BLVD
NAPLES FL 34105
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**GRACEY, ROBERT
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

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 ☐ Delete
NAME **PD**
STREET ADDRESS **JOHNSON, RON**
CITY-ST-ZIP **215 CYPRESS WAY E #A1
NAPLES FL 34110**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WARD, CHARLES**
CITY-ST-ZIP **215 CYPRESS WAY E. D1
NAPLES FL 34110**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **VIBRAL, DON**
CITY-ST-ZIP **215 CYPRESS WAY E #A3
NAPLES FL 34110**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HALL, DAVID**
CITY-ST-ZIP **215 CYPRESS WAY E #B2
NAPLES FL 34110**

TITLE ☐ Delete
NAME **AST**
STREET ADDRESS **GRACEY, ROBERT**
CITY-ST-ZIP **187 FOREST LAKES BLVD
NAPLES FL 34105**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **FISHER, SUSAN**
CITY-ST-ZIP **215 CYPRESS WAY E #D6
NAPLES FL 34110**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT GRACEY

Date

3/1/02

Daytime Phone #

941-649-5667

CR2E037 (9/01)