2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 724554

1. Entity Name

MONTEGO MANOR, INC.



FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90417 012 ****61.25

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Principal Place of Business 187 FOREST LAKES BLVD NAPLES FL 34105 US			Mailing Address 187 FOREST LAKES BLVD NAPLES FL 34105 US					 	a na an a a ng ang ang ang ang ang ang ang ang ang a	#181 #181# 818) 1	81811 81 8 11 818	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number 5	9-1468064			oplied For ot Applicable
Zip Country			Zip			Country		5. Certificate of St	tatus Desired		8.75 Add	ditional
6. Name and Address of Current			Registered Agent				7. Name and Address of New Registered Agent					
	o. Hamo	and Address of Carroin I	togister	oa Agein		Name		· · · · · · · · · · · · · · · · · · ·	iress or rien rie	-gioterea A	90111	
GRACEY, ROBERT 187 FOREST LAKES BLVD. NAPLES FL 34105							Address (F	P.O. Box Number is f	Not Acceptable)			
1441 EES 7 E 34103						City		·		FL	Zip Cod	е
9 Tho about	named antitu	submits this statement for	the pure	and of changing its	rogintor	d office o	r roointor	ad agant or both in	the State of Flor		milior with	and account
	tions of registe		me burt	oose or changing its	registere	an onice o	rregister	ed agent, or both, in	trie State of Flor	iua. Tairiia	urman wilir,	and accept
SIGNATURE .	Signature, typed o	or printed name of registered agent a	nd title if ap	plicable. (NOTE	: Registere	Agent signal	ture required	when reinstating)		DATE		
<u>te</u>		· ·							I			
FILE NOW: FEE IS \$61.25			9. Election Campaign Fit Trust Fund Contribution			_		\$5.00 May Be Added to Fees		te Check a Departi		
10.		OFFICERS AND DIR	FCTORS		11.			ADDITIONS/CHANG	ES TO OFFICE	S AND DIR	ECTORS IN	10
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NAME .	GRACEY, F	ROBERT			NAME							
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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.

BIRLA BILLIBER WERLHERING & Y

235-140-5667