

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90108 009 \*\*\*\*61.25

**DOCUMENT # 725000**

1. Entity Name

**ROTONDA WEST FIESTA ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

9 BUNKER WAY  
 ROTONDA WEST FL 33947  
 US

9 BUNKER WAY  
 ROTONDA WEST FL 33947-2111  
 US

2. Principal Place of Business

**249 BUNKER RD**

Suite, Apt. #, etc.

3. Mailing Address

**249 BUNKER RD**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**ROTONDA WEST, FL**

City & State

**ROTONDA WEST, FL**

4. FEI Number

**59-1596350**

Applied For  
 Not Applied For

Zip

**33947-2125**

Country

**CHARLOTTE**

Zip

**33947-2125**

Country

**CHARLOTTE**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JAMISON, THOMAS L**  
**9 BUNKER WAY**  
**ROTONDA WEST FL 33947**

7. Name and Address of New Registered Agent

Name

**RICHARD J. WISCHNOWSKY**

Street Address (P.O. Box Number is Not Acceptable)

**249 BUNKER RD.**

City

**ROTONDA WEST**

**FL 33947-2125**

Zip Code

**FL**

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.

**RICHARD J. WISCHNOWSKY**

SIGNATURE

*Richard J. Wischnowsky*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-11-00**

**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 **P**  Delete  
 NAME **THIBAUT, GEORGE**  
 STREET ADDRESS **258 ROTONDA CIRCLE**  
 CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **T**  Delete  
 NAME **JAMISON, THOMAS L**  
 STREET ADDRESS **9 BUNKER WAY**  
 CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **D**  Delete  
 NAME **MERITZER, JAY**  
 STREET ADDRESS **27 BUNKER TERR**  
 CITY-ST-ZIP **ROTONDA FL 33947**

TITLE **S**  Delete  
 NAME **POMARICO, FRANK**  
 STREET ADDRESS **80 MARK TWAIN LANE**  
 CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **D**  Delete  
 NAME **GIANNINO, PEGGY**  
 STREET ADDRESS **112 BUNKER ROAD**  
 CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **D**  Delete  
 NAME **KELLY, TOM**  
 STREET ADDRESS **12 SPORTSMAN WAY**  
 CITY-ST-ZIP **ROTONDA WEST FL 33947**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Change  Addition  
 NAME **SIMPSON, BLANCHE**  
 STREET ADDRESS **194 BROADMOOR LANE**  
 CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **T**  Change  Addition  
 NAME **WISCHNOWSKY, RICHARD J.**  
 STREET ADDRESS **249 BUNKER RD.**  
 CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE **S**  Change  Addition  
 NAME **GLENNA MINES**  
 STREET ADDRESS **203 ROTONDA CIRCLE**  
 CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE **D**  Change  Addition  
 NAME **DWILLIAM WEBBER**  
 STREET ADDRESS **112 FAIRWAY RD.**  
 CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE **D**  Change  Addition  
 NAME **JAN SCIMECA**  
 STREET ADDRESS **103 MARK TWAIN LANE**  
 CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE **D**  Change  Addition  
 NAME **HERB EASTMAN**  
 STREET ADDRESS **63 CLUBHOUSE DR N.**  
 CITY-ST-ZIP **ROTONDA WEST, FL 33947**

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:

*Richard J. Wischnowsky*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD J. WISCHNOWSKY**

**1-11-00**

**941-697-3911**

Date

Daytime Phone #