

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90115 001 ****61.25

DOCUMENT # 743005

1. Entity Name

LAUREL ESTATES LOT-OWNERS, INC.

Principal Place of Business

Mailing Address

2771 DEERFIELD
 LAUREL ESTATES
 NORTH FORT MYERS FL 33917

2771 DEERFIELD
 LAUREL ESTATES
 NORTH FORT MYERS FL 33917-1805

910200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2376371

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STROBLE, BLAINE
 2771 DEERFIELD DRIVE
 LAUREL ESTATES
 NORTH FORT MYERS FL 33917

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

Blaine Stroble

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

(NOTE: Registered Agent signature required when reinstating)

1/24/00

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 **D** Delete
 NAME **NIEMCZYK, TONY**
 STREET ADDRESS **2746 INDIANWOOD DR**
 CITY-ST-ZIP **N. FT. MYERS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MAUL, JOANNE**
 STREET ADDRESS **1041 LAUREL DRIVE**
 CITY-ST-ZIP **N. FT. MYERS FL 33917**

TITLE **S** Change Addition
 NAME **MARY FERNANDEZ**
 STREET ADDRESS **2803 DEERFIELD**
 CITY-ST-ZIP **N. FT. MYERS, FL 33917**

TITLE **SD** Delete
 NAME **WARNEKE, MARTHA**
 STREET ADDRESS **2817 BREEZEWOOD DR**
 CITY-ST-ZIP **N FT MYERS FL**

TITLE **D** Change Addition
 NAME **CLETUS MAVIS**
 STREET ADDRESS **2734 BREEZEWOOD**
 CITY-ST-ZIP **N. FT. MYERS, FL 33917**

TITLE **TD** Delete
 NAME **TREMBLAY, JOHN**
 STREET ADDRESS **2818 INDIANWOOD DR**
 CITY-ST-ZIP **N. FT. MYERS FL 33917**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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)(l), 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:

John Tremblay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 23 2000 656-2748

Date

Daytime Phone #

CR2E037 (9/99)