

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90025 045 \*\*\*\*61.25

**DOCUMENT # 745896**

1. Entity Name

**CARIBBEAN BEACH CLUB ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7600 ESTERO BLVD.  
 FT. MYERS FL 33931  
 US

P.O. BOX 540669  
 MERRITT ISLAND FL 32954-0669  
 US



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

**59-1972323**

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

**TAKCAS, JOSEPH A JR**  
**269 CROCKETT BLVD**  
**MERRITT ISLAND FL 32953**

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:**  
**FEES 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	VP	<input type="checkbox"/> Delete
NAME	WILMES, ROBERT	
STREET ADDRESS	7600 ESTERO BLVD	
CITY-ST-ZIP	FT. MYERS FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANKER, ALBERT	
STREET ADDRESS	7600 ESTERO BLVD	
CITY-ST-ZIP	FT. MYERS FL 33931	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEISHLOSS, RON	
STREET ADDRESS	7600 ESTERO BLVD	
CITY-ST-ZIP	FT. MYERS FL 33931	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDRES, THOMAS	
STREET ADDRESS	7600 ESTERO BLVD	
CITY-ST-ZIP	N. FORT MYERS FL 33931	
TITLE	P	<input type="checkbox"/> Delete
NAME	O'CONNOR, EDWARD	
STREET ADDRESS	7600 ESTERO BLVD	
CITY-ST-ZIP	FT. MYERS FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALENTIN, RICHARD	
STREET ADDRESS	7600 ESTERO BLVD	
CITY-ST-ZIP	FT. MYERS FL 33931	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARRETT, RICHARD	
STREET ADDRESS	7600 ESTERO BLVD.	
CITY-ST-ZIP	FT. MYERS, FL 33931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]*

5/15/00

716-856-1344

CR2E037 (9/99)