

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90025 038 \*\*\*\*70.00

**DOCUMENT # 746923**

1. Entity Name

**BUCKINGHAM AIR PARK AND LANDOWNERS ASSOCIATION,**

Principal Place of Business

Mailing Address

6751 CADET AVENUE  
 FT. MYERS FL 33905

6751 CADET AVENUE  
 FT. MYERS FL 33905-7616

00013413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**SAME AS ABOVE**

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2499589**

Applied For

Not Applicable

Zip

Country

**USA**

Zip

Country

**USA**

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

**BERGER, BRENDA**  
**6751 SEMINOLE AVE**  
**FT MYERS FL 33905**

Name

**DEAN N. BERGER**

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

**6751 SEMINOLE AVENUE**

City

**FT. MYERS**

FL

Zip Code

**33905**

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

*Dean N. Berger*

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

(NOTE: Registered Agent signature required when reinstating)

**2-3-2000**

DATE

**FILE NOW:**  
**FEF 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>DAUER, RAYMOND</b> <b>6981 CIRCLE DR</b> <b>FT MYERS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>SKIBA, ANDREW E</b> <b>6761 CIRCLE DR</b> <b>FT MYERS FL 33905</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>BERGER, BRENDA</b> <b>6751 SEMINOLE AVE</b> <b>FT MYERS FL 33905</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COX, PAUL</b> <b>6750 CIRCLE DR</b> <b>FT MYERS FL 33905</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>BLAIR, PAULA</b> <b>6870 CHEROKEE AVE</b> <b>FT MYERS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREAS. DEAN N. BERGER</b> <b>6751 SEMINOLE AVE.</b> <b>FT. MYERS, FL 33905</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER ROBERT HAAS</b> <b>6740 CHEROKEE AVE.</b> <b>FT. MYERS, FL 33905</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Dean N. Berger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 3, 2000 941-693-9285**

Date

Daytime Phone #

CR2E037 (9/99)