

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90051 046 \*\*\*\*61.25

**DOCUMENT # 750904**

1. Entity Name

**VANDERBILT GULFSIDE CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

Mailing Address

10851 GULF SHORE BLVD.  
 NAPLES FL 33963

10851 GULF SHORE BLVD.  
 NAPLES FL 33963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2202214**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JOHNSON, SUE~~  
~~10851 GULF SHORE DR NORTH~~  
~~NAPLES FL 33963~~

Name **TAMELA WISEMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~DEBOEST, KNUDSEN, STOCKMAN ET AL~~  
**600 5th AVE S. SUITE 301**  
 City **Naples** FL Zip Code **34102**

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 *Marilyn R. Fredrickson*

4/13/00

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

(NOTE: Registered Agent signature required when reinstating)

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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FREDRICKSON, MARILYN<br>40 TUNIPER LANE N- 10851 Gulf Shore Dr. #103<br>LITTLE COMPTON RI- Naples, Fl 34108 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>PICHER, PAUL<br>6 BURROWS RD<br>OTTAWA ON K1J-6 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>CHAPMAN, THOMAS<br>108 LAKEFRONT DR<br>AKRON OH <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>ULANSKI, NYLA<br>10851 GULF SHORE DR. N #105<br>NAPLES FL 34108 <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>REILLY, PATRICK<br>10851 GULF SHORE DR<br>NAPLES FL 34108 <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FARRABAUCH, WILLIAM<br>2328 TOPSFIELD RD<br>SOUTH BEND FL <input checked="" type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | RAY HOWARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>10851 GULF Shore Dr #201<br>Naples, FL 34108  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <del>DOROTHY BOWYER</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><del>10951 GULF Shore Dr #1201</del><br><del>Naples, FL 34108</del>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VICTORIA TOTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>38665 SANTA BARBARA<br>CLINTON TOWNSHIP, MI 48036<br>TD                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <del>Richard Bing</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><del>10951 Gulf Shore Dr. #105</del><br><del>Naples, Florida 34108</del> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | RICHARD BING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>64 COOL CREEK CT<br>CARMEL, IN 46033  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *Marilyn R. Fredrickson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00  
 Date

Daytime Phone #

CR2E037 (9/99)