

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90026 017 ****61.25

DOCUMENT # 751005

1. Entity Name

VANDERBILT SURF COLONY, A CONDOMINIUM, SECTION I

Principal Place of Business

Mailing Address

**15 BLUEBILL AVE
 NAPLES FL 34108**

**15 BLUEBILL AVE
 NAPLES FL 34108-1709**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2099444

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

**SWALM & MURRELL, P.A.
 2375 TAMiami TR N
 SUITE 308
 NAPLES FL 33940**

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:
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RITCHIE, RICHARD E 15 BLUEBILL AVE NAPLES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OBERMAN, JAMES 15 BLUEBILL AVE. NAPLES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, HARRY 15 BLUEHILL AVE. NAPLES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAKER, ROBERT 15 BLUEBILL AVE. NAPLES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAYSER, JEAN 15 BLUEBILL AVE NAPLES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLINEUX, ROSS 15 BLUEBILL AVE NAPLES FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

Richard E. Ritchie
 President

1/24/2000 (941) 597-9141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)