2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am **DOCUMENT # 757389 Secretary of State** 1. Entity Name HOLIDAY CONDOMINIUM, INC. 03-12-2001 90450 026 ****61.25 Principal Place of Business Mailing Address 16410 SAN CARLOS BLVD 16410 SAN CARLOS BLVD FT. MYERS FL 33908 FT. MYERS FL 33908 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2821709 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ADAMS, JOSEPH E ESQ. THE COLONNADES 13515 BELL TOWER DR., SUITE #101 City Zip Code FORT MYERS FL 33907 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 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **X** Addition Change TITLE. 🔀 Delete TITLE LANG, CARL 16410 SAN CARLOS BLVD #298 NIMMER, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 16410 SAN CARLOS BLVD., #465 FORT MYERS FL 33908 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33908 TITLE ☐ Delete ☐ Change Addition TIT! F DAY GENE -16416-SAN.CARLOS.BLUD.425 ... GETHA, J F NAME NAME 16410 SAN CARLOS BLVD, 405 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, Fel. 33908 FORT MYERS FL 33908 Change TITLE Addition TITLE Delete GIAMMARCO, FELICIANO 16410 SAN CARLOS BLVB # 434 FORT MYERS FL 33908 NAME SCHLEIFER, ALAN NAME STREET ADDRESS 16410 SAN CARLOS BLVD., #415 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete ANDERSON ANDY 16410 SANCARLOS DLD. 14 MCQUIRT, H J NAME NAME STREET ADDRESS 16410 SAN CARLOD BLVD., #9 STREET ADDRESS TH MYERS THE 33908 CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE **EMORY, JOSEPH** NAME NAME STREET ADDRESS 16410 SAN CARLOS BLVD., #388 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33908 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-7IP