

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90050 010 \*\*\*\*61.25

**DOCUMENT # 761270**

1. Entity Name

**MARINATOWN VILLAGE, A CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

6213-E PRESIDENTIAL CT  
12661 NEW BRITTANY BLVD.  
FT. MYERS FL 33919  
US

Mailing Address

6213-E PRESIDENTIAL CT  
12661 NEW BRITTANY BLVD  
FT MYERS FL 33919-3564  
US

2. Principal Place of Business

Suite, Apt. #, etc.

**18605 TAMPA RD**

City & State  
**Fort MYERS FL**

Zip Country  
**33912 USA**

3. Mailing Address

Suite, Apt. #, etc.

**18605 TAMPA Road**

City & State  
**Fort Myers FL**

Zip Country  
**33912 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2393150**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HENKE, C J**  
**6213-E PRESIDENTIAL CT SW**  
**FT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name-

**R. Marie SAPP**  
Street Address (P.O. Box Number is Not Acceptable)  
**18605 TAMPA RD**

City

**Fort Myers FL**

**FL**

Zip Code

**33912**

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

*Marie Sapp*

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

(NOTE: Registered Agent signature required when reinstating)

*1-28-00*

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	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>RUSS, DAVID</b>	
STREET ADDRESS	<b>11230 MARBLEHEAD MANOR CT</b>	
CITY-ST-ZIP	<b>NO. FT. MYERS FL 33908</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>GREY, DOUGLAS</b>	
STREET ADDRESS	<b>1051 PALM AVE., #112</b>	
CITY-ST-ZIP	<b>N FT MYERS FL 33903</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>COKEL CINDY</b>	
STREET ADDRESS	<b>1051 PALM AVE #127</b>	
CITY-ST-ZIP	<b>N FT MYERS FL 33903</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERIDITH George</b>	
STREET ADDRESS	<b>1055 Palm Ave # 296</b>	
CITY-ST-ZIP	<b>N. Ft Myers FL 33903</b>	
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 #

CR2E037 (9/99)