

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90107 015 \*\*\*\*61.25

**DOCUMENT # 763144**

1. Entity Name

**CENTRE COURT I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2121 COLLIER AVENUE  
 FT MYERS FL 33901

2121 COLLIER AVENUE  
 #200  
 FT MYERS FL 33901-8134  
 US

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**31-1009471**

Applied For

Not Applied For

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

**SPS, INC.**  
**3049 CLEVELAND AVENUE**  
**LOFT**  
**FT. MYERS FL 33901**

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 **VP**  Delete  
 NAME **MONTI, DOLORES**  
 STREET ADDRESS **2121 COLLIER AVENUE #207**  
 CITY-ST-ZIP **FT MYERS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **BREWER, LLOYD**  
 STREET ADDRESS **2121 COLLIER AVENUE**  
 CITY-ST-ZIP **FT-MYERS FL 33901**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **TEWS, MYRRA**  
 STREET ADDRESS **2121 COLLIER AVENUE**  
 CITY-ST-ZIP **FT MYERS FL 33901**

TITLE  Change  Addition  
 NAME **Elsa Scott**  
 STREET ADDRESS **2121 Collier Ave**  
 CITY-ST-ZIP **FT Myers FL 33901**

TITLE **D**  Delete  
 NAME **GARDNER, KEN**  
 STREET ADDRESS **2121 COLLIER AVENUE**  
 CITY-ST-ZIP **FT MYERS FL 33901**

TITLE  Change  Addition  
 NAME **S**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **TASLER, BUD**  
 STREET ADDRESS **2121 COLLIER AVE #208**  
 CITY-ST-ZIP **FT. MYERS FL**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CASEY, CLYDE**  
 STREET ADDRESS **2121 COLLIER AVENUE**  
 CITY-ST-ZIP **FT MYERS-FL 33901**

TITLE  Change  Addition  
 NAME **Frez Wanahe**  
 STREET ADDRESS **2121 Collier Ave**  
 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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #