

FILED
Jul 05, 2001 8:00 am
Secretary of State

06-19-2001 90010 028 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006398

1. Entity Name

BRISTOL BAY COMMONS ASSOCIATION, INC.

Principal Place of Business

13891 JETPORT LOOP
 SUITES 9 & 10
 FORT MYERS FL 33912

Mailing Address

13891 JETPORT LOOP
 SUITES 9 & 10
 FORT MYERS FL 33912



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1051458

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

SHIELDS, CHRISTOPHER J
 1833 HENDRY STREET
 FORT 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
SEE 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	PD	<input type="checkbox"/> Delete
NAME	DRUMM, THOMAS	
STREET ADDRESS	13891 JETPORT LOOP - SUITES 9 & 10	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAUDLIN, DONALD	
STREET ADDRESS	13891 JETPORT LOOP - SUITES 9 & 10	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	KNOWLES, KIRK	
STREET ADDRESS	13891 JETPORT LOOP - SUITES 9 & 10	
CITY-ST-ZIP	FORT MYERS FL 33912	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 941-561-6522

Date

Daytime Phone #