

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90261 022 \*\*\*\*61.25

**DOCUMENT # N03228**

1. Entity Name

**BURNT STORE VILLAGE PROPERTY OWNER'S ASSOCIATION**

Principal Place of Business

Mailing Address

1625 W. MARION AVE  
 6  
 PUNTA GORDA FL 33950  
 US

P.O. BOX 512126  
 PUNTA GORDA FL 33951-2126  
 US



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

**59-2441365**

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

**LORAH, GEOFFREY L**  
**1625 W MARION AVENUE, SUITE 6**  
**PUNTA GORDA FL 33950**

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:**  
**FEES 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

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TITLE: VD NAME: CANTALOUPE, FRANK STREET ADDRESS: 34612 PERDSA CT CITY-ST-ZIP: PUNTA GORDA FL 33955 <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: PD NAME: LOFFLER, JACK STREET ADDRESS: 16357 LARROCHA DRIVE CITY-ST-ZIP: PUNTA GORDA FL <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: WOLFF, CHERYL STREET ADDRESS: 18260 PAULSON DR UNIT C CITY-ST-ZIP: PORT CHARLOTTE FL 33954-1040 <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: CINDY ANDERSON STREET ADDRESS: 25308 JUBAL ST CITY-ST-ZIP: PUNTA GORDA, FL 33955
TITLE: D NAME: LEONARD, VICKI STREET ADDRESS: 3855 SAN LORENZO DR CITY-ST-ZIP: PUNTA GORDA FL 33950-7812 <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: SD NAME: MUCCIO, AUDREY STREET ADDRESS: 25338 PUERTA DRIVE CITY-ST-ZIP: PUNTA GORDA FL <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: TD NAME: SEIB, LINDA STREET ADDRESS: 16424 CAMPO CANO COURT CITY-ST-ZIP: PUNTA GORDA FL <input type="checkbox"/> Delete	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: *Jack N. Loffler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00

941-505-2009  
 Date Daytime Phone #

CR2E037 (9/99)