

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90166 024 \*\*\*\*61.25

**DOCUMENT # N25356**

1. Entity Name

**VANDERBILT BEACH MOTEL CONDOMINIUM, FIRST ADDITI**

Principal Place of Business

Mailing Address

9256 GULSHORE DR N  
 NAPLES FL 34108  
 US

P.O. BOX 11209  
 NAPLES FL 34101-1209  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0139182**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, MICHAEL J**  
**9225 GULF SHORE DR. NORTH**  
**NAPLES FL 34108**

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	VD	<input type="checkbox"/> Delete
NAME	MOORE, MICHAEL	
STREET ADDRESS	9225 GULF SHORE DR., N	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HICKS, LARRY	
STREET ADDRESS	19 BENJAMIN ST	
CITY-ST-ZIP	OLD GREENWICH CT 06870	
TITLE	T	<input type="checkbox"/> Delete
NAME	PANARO, RICHARD	
STREET ADDRESS	14 ANTHONY RD	
CITY-ST-ZIP	N READING MA 01864	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PERLIN, LINDA	
STREET ADDRESS	C-4 PARKVIEW DR	
CITY-ST-ZIP	PLANTSVILLE CT 06479	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABDOLA, AHMED	
STREET ADDRESS	3561 TRIPOLI BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
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
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Perlin, Linda*

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)