

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36028

1. Entity Name

ROYAL MARCO POINT III CONDOMINIUM ASSOCIATION, I

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90015 034 \*\*\*\*61.25

Principal Place of Business Mailing Address  
6000 ROYAL MARCO WAY 6000 ROYAL MARCO WAY  
SUITE #800 SUITE #800  
MARCO ISLAND FL 33937 MARCO ISLAND FL 34145-1886  
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0169896

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

JAMIE B. GREUSEL  
1104 N. COLLIER BLVD.  
APT. 649  
MARCO ISLAND FL 33937

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 PD ☐ Delete  
NAME MILANO, PHYLLIS  
STREET ADDRESS 6000 ROYAL MARIO WAY #352  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME MUTENIER, Metchler, E.M. *correct*  
STREET ADDRESS 6000 ROYAL MARIO WAY #553  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME WILLS, WILLIAM  
STREET ADDRESS 6000 ROYAL MARCO WAY #456  
CITY-ST-ZIP MARCO ISLAND FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition  
NAME Reggie Hall  
STREET ADDRESS 11 Loon Lane  
CITY-ST-ZIP Windham, ME 04062

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition  
NAME Laurence Marcagi  
STREET ADDRESS 699 Hidden Pt Lane  
CITY-ST-ZIP Cincinnati, OH 45230

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

*Phyllis Milano* 3/28/00 640-4136  
*Phyllis Milano* Date Daytime Phone #  
RMD III

CR2E037 (9/99)