# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 13, 2001 8:00 am**
**Secretary of State**
03-13-2001 90303 025 ****61.25

0069268

DOCUMENT # N96000004735

1. Entity Name

ARIELLE SECTION I CONDOMINIUM ASSOCIATION, INC.

UUU24b26

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 2155 ARIELLE DRIVE<br>NAPLES FL 34109 | C/O P & M PROPERTY MGMT<br>~~18605 TAMPA RD~~<br>~~FORT MYERS FL 33912~~<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| | 15660 San Carlos Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc.<br>Suite 40 |
| City & State | City & State<br>Ft Myers, FL |
| Zip / Country | Zip 33908 / Country US |

4. FEI Number 65-0826652 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| SAPP, PAUL<br>C/O P & M PROPERTY MGMT<br>~~18605 TAMPA RD~~<br>~~FORT MYERS FL 33912~~ | Name C/o P+M Property Mgmt.<br>Street Address (P.O. Box Number is Not Acceptable)<br>15660 San Carlos Blvd.<br>Suite 40<br>City Ft Myers, FL Zip Code 33908 |

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 Paul L. Sapp III 3-8-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>HOUSTON, LELA<br>2130 ARIELLE DRIVE<br>NAPLES FL 34109 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>KALTMAN, SALLY<br>2135 ARIELLE DRIVE<br>NAPLES FL 34109 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☑ Addition<br>DS<br>JENNIFER EAVES<br>2130 Arielle Dr # 304<br>Naples, FL 34109 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>PATENAUDE, LEO<br>21350 ARIELLE DRIVE<br>NAPLES FL 34109 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/00)

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 3/7/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #