

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90123 007 \*\*\*\*61.25

DOCUMENT # N98000000768  
 1. Entity Name  
*marker Lake Villas Neighborhood Assoc, Inc*

Principal Place of Business Mailing Address  
*Suite 341*  
*11216 Tamiami Tr. No* *same*  
*Naples, FL 34110*

2. Principal Place of Business 3. Mailing Address  
*11216 Tamiami Tr. No Suite 341* *same*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*Suite 341*  
 City & State City & State  
*Naples, FL*  
 Zip Country Zip Country  
*34110 USA*

4. FEI Number Applied For  
*59-3564096* 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  
*Gene Thrushman*  
*Suite 341 11216 Tamiami Tr. No*  
*Naples, FL 34110*

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                     |  |                                    |  |
|-------------------------------------|--|------------------------------------|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Department of State</b> |
|-------------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Gene Thrushman, Pres</i> <input type="checkbox"/> Delete<br><i>Suite 341 Tamiami Tr. No</i><br><i>Naples, FL 34110</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Jean Klingler</i> <input type="checkbox"/> Delete<br><i>8139 Las Palmas Way</i><br><i>Naples, FL 34109</i>             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Dino Vlahos</i> <input type="checkbox"/> Delete<br><i>2286 Stacil Circle</i><br><i>Naples, FL 34109</i>                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Gene Thrushman* *Gene Thrushman* 4.25.00 941 591 0222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)