

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001203

1. Entity Name

VERANDA I AT FAIRWAY ISLE ASSOCIATION, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90038 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

10491 SIX MILE CYPRESS PARKWAY  
 SUITE 101  
 FORT MYERS FL 33912

10491 SIX MILE CYPRESS PARKWAY  
 SUITE 101  
 FORT MYERS FL 33912-6406

2. Principal Place of Business

3. Mailing Address

*10060 Amberwood Road*  
 Suite, Apt. #, etc. *4*

*10060 Amberwood Road*  
 Suite, Apt. #, etc. *4*

City & State

City & State

*Fort Myers, FL*

*Fort Myers, FL*

Zip *33913* Country *US*

Zip *33913* Country *US*

4. FEI Number

65-0825019

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

~~SHIELDS, CHRISTOPHER J  
 1835 HENDRY STREET  
 FORT MYERS FL 33901~~

Name *Bob Geller*  
 Street Address (P.O. Box Number is Not Acceptable) *c/o Gulf Coast Management Services*  
*10060 Amberwood Road #4*  
 City *Fort Myers* FL Zip Code *33913*

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 *Robert E. Geller* *Robert E. Geller/CAM* *5/01/00*  
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	D	<input checked="" type="checkbox"/> Delete
NAME	GRIMES, JOSEPH	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY #101	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCMURRAY, DARIN	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY #101	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNS, ALAN R	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY #101	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Kelley	
STREET ADDRESS	8091 Queen Palm Lane #312	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence Kovach	
STREET ADDRESS	8099 Queen Palm Lane #226	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Moody	
STREET ADDRESS	8083 Queen Palm Lane	
CITY-ST-ZIP	Ft. Myers, FL 33912	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Signature Required William Kelley* *5/01/00* *(941) 275-8839*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1999)