

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005889

1. Entity Name

SUMTER LAKE ESTATES OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8473 BAY COLONY DR
2001
NAPLES FL 34108

8473 BAY COLONY DR
2001
NAPLES FL 34108

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

59-3431994

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

GRISSINER, DOUGLAS W
13801 SO TAMiami TRAIL
SUITE D
NORTH PORT FL 34287

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

Richard D. Hahn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-6-01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 DPT
NAME HAHN, RICHARD F
STREET ADDRESS 8473 BAY COLONY DR
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

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

TITLE DS
NAME HAHN, GINA D
STREET ADDRESS 8473 BAY COLONY DR
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

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

TITLE DV
NAME SCOTT, RICHARD S
STREET ADDRESS 5314 ILLAN ROAD
CITY-ST-ZIP NORTH PORT FL 34287 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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:

Richard D. Hahn

(REQUIRED)

7-6-01

941-514-7046

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90001 034 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)