

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N99000000184**

1. Entity Name

**BERNWOOD BUSINESS PARK PROPERTY OWNER'S ASSOCIAT**

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90097 038 \*\*\*\*70.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 2579  
 FORT MYERS BEACH FL 33932

POST OFFICE BOX 2579  
 FORT MYERS BEACH FL 33932-2579

2. Principal Place of Business

P.O. Box 366069

3. Mailing Address

P.O. Box 366069

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Bonita Springs, FL

City & State  
 Bonita Springs, FL

4. FEI Number  
 59-3592687

Applied For  
 Not Applicable

Zip Country  
 34136 USA

Zip Country  
 34136 USA

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ECHOLS, LARRY A**  
**6100 ESTERO BOULEVARD**  
**FORT MYERS BEACH FL 33931**

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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete
NAME	BERNET, JAMES A	
STREET ADDRESS	POST OFFICE BOX 2579	
CITY-ST-ZIP	FORT MYERS BEACH FL 33932	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAURER, CHARLES F JR.	
STREET ADDRESS	POST OFFICE BOX 2129	
CITY-ST-ZIP	BONITA SPRINGS FL 34133	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ECHOLS, LARRY A	
STREET ADDRESS	POST OFFICE BOX 2579	
CITY-ST-ZIP	FORT MYERS BEACH FL 33932	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maurer, Charles F. Jr.	
STREET ADDRESS	P.O. Box 366069	
CITY-ST-ZIP	Bonita Springs, FL 34136	
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 file this report as required by Chapter 619, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all the like empowered.

**SIGNATURE:** *[Handwritten Signature]* **SIGNATURE REQUIRED** 3/24/00 (941) 992-9611  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)