

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106807

1. Entity Name

MCGREGOR POINT BRIDGE CLUB, INC.

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90066 031 ***150.00

Principal Place of Business

15675 MCGREGOR BLVD
#1
FORT MYERS FL 33908
US

Mailing Address

6030 TIDEWATER ISLAND CIRCLE
FORT MYERS FL 33908-4678

C0043520



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15675 McGregor Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1

City & State

City & State

Fort Myers

4. FEI Number 65-0802593

Applied For

Not Applicable

Zip

Country

Zip

Country

FL

33908

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

NELSON, BRIAN W
6030 TIDEWATER ISLAND CIRCLE
FORT MYERS FL 33908-4678

Name

Richard Covalciuc

Street Address (P.O. Box Number is Not Acceptable)

15675-1 McGregor Blvd

City

Fort 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

Brian W Nelson
former registered agent

Richard Covalciuc
new registered agent

4/11/01

(NOTE: Registered agent must be a resident of Florida or a corporation authorized to do business in Florida.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	NELSON, BRIAN W	
STREET ADDRESS	6030 TIDEWATER ISLAND CIR	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NELSON, BEVERLY J	
STREET ADDRESS	6030 TIDEWATER ISLAND CIR	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PEIFFER, ANNE	
STREET ADDRESS	13200 TALL PINE CIR	
CITY-ST-ZIP	FT MYERS FL 33907	
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	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COVALCIUC, RICHARD	
STREET ADDRESS	14931 PARK LAKE DRIVE, #304	
CITY-ST-ZIP	FT MYERS, FL 33919	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COVALCIUC, VALERIE	
STREET ADDRESS	14931 PARK LAKE DRIVE, #304	
CITY-ST-ZIP	FT MYERS, FL 33919	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Richard Covalciuc

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Covalciuc, President

Date

Daytime Phone #

941-433-4422

CR2E034 (10/00)