## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P97000106807 **DOCUMENT #**

1. Entity Name

MCGREGOR POINT BRIDGE CLUB, INC.



## **FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90100 010 \*\*\*150.00

| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  |  |  |
|---|--|--|
| Suite, Apt. #, etc.  City & State  Country  Country  Country  S. Certificate of Status Desired  \$8.75 Addition Fee Required  \$8.75 Addition Fee Required  \$1. Name and Address of New Registered Agent  Name  COVALCIUC, RICHARD  IS675-1 MCGREGOR  FORT MYERS FL 33908  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  TITLE  PT  COVALCIUC, RICHARD  INDE  STREET ADDRESS  STR | 8LVD 15675 MCGREGOR E<br>#1<br>908 FORT MYERS FL 33  |  |
| City & State  Country  Coun      | f Business 3. Mailing Address  | T I BERTOOK HAD LOCKIN SOUNT BOUND ON HAD AND A ONTAL FORM ON HAD A CASE |
| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent   Name  COVALCIUC, RICHARD   | . Suite, Apt. #, etc.  | CHECK HERE IF MAKING CHANGES   |
| COVALCIUC, RICHARD 15675-1 MCGREGOR FORT MYERS FL 33908  City  FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and in the obligations of registered agent and side if applicable (NOTE. Registered Agent signature required when rematsting)  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  NAME SIRRET ADDRESS CITY-ST-ZIP  TITLE  S Delete  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN SIRRET ADDRESS CITY-ST-ZIP  COVALCIUC, RICHARD SIRRET ADDRESS CITY-ST-ZIP      | City & State   | 4. FEI Number 65-0802593 Applied For Not Applicab                        |
| COVALCIUC, RICHARD 15675-1 MCGREGOR FORT MYERS FL 33908  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. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the land of the purpose of changing its registered agent of the purpose of changing      | Country Zip  | 5 Certificate of Status Desired [7] \$8.75 Additional                    |
| COVALCIUC, RICHARD 15675-1 MCGREGOR FORT MYERS FL 33908  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. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the land of the purpose of changing its registered agent of the purpose of changing      | Name and Address of Current Registered Agent   | 7. Name and Address of New Registered Agent                              |
| 15675-1 MCGREGOR FORT MYERS FL 33908  City  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. I am familiar with, and the obligations of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  FORT MYERS FL 33919  TITLE  STREET ADDRESS  CITY-ST-ZIP  FORT MYERS FL 33919  Change  Change   |  |  |
| FORT MYERS FL 33908  City  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. I am familiar with, and the obligations of registered agent and title if applicable.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE COVALCIUC, RICHARD  STREET ADDRESS  CITY-ST-ZIP  FORT MYERS FL 33919  TITLE  S  Delete  1TILE  Change  Change  City of the down registered agent, or both, in the State of Florida. I am familiar with, and wit    | :02:   | ress (P.O. Box Number is Not Acceptable)                                 |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, typed or printed name curgistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  S Delete  TITLE  Change  Change   | · .  | ~  |
| the obligations of registered agent  Signature, typed or printed name Cregistered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  PT  Delete  TITLE  NAME  COVALCIUC, RICHARD  STREET ADDRESS  CITY-ST-ZIP  FORT MYERS FL 33919  Delete  TITLE  S  Delete  TITLE  Change  Change   | •  | Γ l <sub>m</sub>   |
| Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE PT Delete TITLE COVALCIUC, RICHARD NAME STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-ZIP  TITLE S Delete TITLE TITLE COVALCIUC CHARD STREET ADDRESS CITY-ST-ZIP Delete TITLE CITY-ST-ZIP   | re, typed or printed name tregistered agent and title if applicable.  IOW!!! FEE IS \$150.00 | required when reinstating) 4/10/03                                       |
| TITLE PT Delete TITLE NAME COVALCIUC, RICHARD STREET ADDRESS CITY-ST-ZIP TITLE S Delete TITLE CHange   | able to Florida Department of State  |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE  COVALCIUC, RICHARD STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CHange   |  |  |
|   | ALCIUC, RICHARD<br>11 PARK LAKE DR <sup>*</sup> #304   | ☐ Change ☐ Additio   |
| NAME COVALCIUC, VALERIE NAME STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33919  NAME STREET ADDRESS CITY-ST-ZIP  | ALCIUC, VALERIE<br>11 PARK LAKE DR #304  | ☐ Change ☐ Addition  |
| TITLE AS TITLE Change In C      | FER, ANNE<br>10 TALL PINE CIR  | Change Additio   |
| TITLE Delete TITLE Change STREET ADDRESS CITY-ST-ZIP  | □ Delete   | ☐ Change ☐ Additio   |
| TITLE         Delete         TITLE         Change         Change           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP  | □ Delete   | ☐ Change ☐ Addition  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. Libereby 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes.  | Delete   |  |

Thereby Sentiny Trial the minormation supplied with this inlining does not quality for the exemption stated in Section 119.07(3)(I). Florida Statutes. I turther 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

MRED RICHARD GUALCIUC 4/