

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90065 018 ***150.00

DOCUMENT # P98000037040

1. Entity Name

BIERSACK PROPERTY MANAGEMENT, INC.

Principal Place of Business

13450 GREENGATE BLVD APT 316
 FT MEYERS FL 33919

Mailing Address

13450 GREENGATE BLVD APT 316
 FT MEYERS FL 33919-8138

2. Principal Place of Business

3521 CROWFUT CT.

Suite, Apt. #, etc.

3. Mailing Address

3521 CROWFUT CT.

Suite, Apt. #, etc.

City & State

BONITA SPRINGS

Zip **34134**

Country

USA

City & State

BONITA SPRINGS

Zip **34134**

Country

USA

4. FEI Number

59-3516601

65-0951610

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, DONALD K JR.
2640 GOLDEN GATE PARKWAY STE. 206
NAPLES FL 34105

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BIERSACK, JOHANN	13450 GREENGATE BLVD APT 316	FT MEYERS FL 33919	<input type="checkbox"/>
VD	SCHAEFER, GABRIELE	13450 GREENGATE BLVD APT 316	FT MEYERS FL 33919	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	BIERSACK JOHANN	3521 CROWFUT CT.	BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	SCHAEFER-BIERSACK GADY	3521 CROWFUT CT.	BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/00

Date

(941) 498-1263

Daytime Phone #

CR2E034 (9/99)