## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE

with all other like empowered

## May 01, 2002 8:00 am Secretary of State DOCUMENT # P99000021578 05-01-2002 91554 041 \*\*\*150.00 PHASE ONE PROPERTY OWNER'S DOCK ASSOCIATION, INC. Principal Place of Business Mailing Address 1430 ROYAL PALM SQUARE BLVD. #105 1430 ROYAL PALM SQUARE BLVD. #105 FORT MYERS FL 33919 FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0904595 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOOREY, THOMAS E Street Address (P.O. Box Number is Not Acceptable) 1430 RCYAL PALM SQUARE BLVD. #105 FORT MYERS FL 33919 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change Delete TITLE NAME BECKSTEAD, GARFIELD R NAME STREET ADDRESS STREET ADDRESS **POST OFFICE BOX 640** CITY-ST-ZIP CITY-ST-ZIP **BOKEELIA FL 33922** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME GARTZ, SANDY STREET ADDRESS STREET ADDRESS **POST OFFICE BOX 640** CITY-ST-ZIP CITY-ST-ZIP BOKEELIA FL 33922 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME SMITH, SAMUEL H JR. STREET ADDRESS STREET ADDRESS POST OFFICE BOX 640 CITY-ST-ZIP CITY-ST-ZIP **BOKEELIA FL 33922** ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Mddition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED**