

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726260

1. Entity Name

WHISKEY CREEK VILLAGE GREEN SECTION TWO ASSOCIAT

Principal Place of Business

1436 TREDEGAR DR
FT MYERS FL 33919

Mailing Address

% BENSON'S
12650 WHITEHALL DRIVE
FT. MYERS FL 33907-3619
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1452912

Applied For

Not Applicable

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

BENSON, MARK R
12650 WHITEHALL DRIVE
FT. MYERS FL 33907

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

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
NAME BELLAMY, W. DEXTER
STREET ADDRESS 5548 HAMLET LANE
CITY-ST-ZIP FT MYERS, FL 00000 ☐ Delete

TITLE D
NAME Gaddy, Bronna
STREET ADDRESS 5598 Hamlet Ln
CITY-ST-ZIP Fort Myers, FL 33919 ☐ Change ☒ Addition

TITLE STD
NAME MOREL, MARY L
STREET ADDRESS 1436 THEDEGAR DRIVE
CITY-ST-ZIP FORT MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GRANT, CAROLYN
STREET ADDRESS 5583 WESTWIND LANE
CITY-ST-ZIP FT MYERS FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VD
NAME SMITH, STANLEY
STREET ADDRESS 5549 WESTWIND LN.
CITY-ST-ZIP FT MYERS, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME ENDERS, EUGENE
STREET ADDRESS 5594 HAMLET LANE
CITY-ST-ZIP FT MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 execute this report as required by Chapter 617, 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.

SIGNATURE: W. DEXTER BELLAMY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 Feb. 2000

Date

941 481-1780

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE