

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002935

1. Entity Name

VILLAGES ON COURT SIDE LAKE II AT BRECKENRIDGE C

Principal Place of Business

Mailing Address

PEGASUS PROPERTY MANAGEMENT, INC.
19850 BRECKENRIDGE DRIVE, SUITE A
ESTERO FL 33928

PEGASUS PROPERTY MANAGEMENT, INC.
19850 BRECKENRIDGE DRIVE, SUITE A
ESTERO FL 33928

2. Principal Place of Business

3. Mailing Address

Pegasus Property Mgmt.
17595 S. Tamiami, #200-2
Fort Myers, FL 33908

Pegasus Property Mgmt.
17595 S. Tamiami, #200-2
Fort Myers, FL 33908

Zip

Country

Zip

Country

4. FEI Number

65-0429982

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

STILSON, BARBARA A
C/O PEGASUS PROPERTY MGMT INC
13400 S CLEVELAND AVE #203
FORT MYERS FL 33907

Name **BARBARA A STILSON**
Pegasus Property Mgmt. (Acceptable)
17595 S. Tamiami, #200-2
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.

SIGNATURE

Barbara A Stilson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-00

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HUNT, FRED	
STREET ADDRESS	4121-301 LORENE DR	
CITY-ST-ZIP	ESTERO FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KILPATRICK, ALAN	
STREET ADDRESS	4110-104 LORENE DR	
CITY-ST-ZIP	ESTERO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRUDEL, JULES	
STREET ADDRESS	93 MERRILL RD	
CITY-ST-ZIP	CANDIA NH 03034	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GARRY, JOANNA	
STREET ADDRESS	4111 LORENE DR #208	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEDDUKE, HOWARD	
STREET ADDRESS	4110-110 LORENE DR	
CITY-ST-ZIP	ESTERO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	

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:

Fred Hunt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-21-2000

941-454-8568

Date

Daytime Phone #

APPROVED
AND
FILED

00 MAY 15 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

AD