

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22197

1. Entity Name

DOCKSIDE AT VENTURA CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

2580 WOODGATE BLVD.
ORLANDO FL 32822

Mailing Address

2580 WOODGATE BLVD.
ORLANDO FL 32822

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

59-3038018

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

CAMEO PROFESSIONALS, INC.
2580 WOODGATE BOWL
ORLANDO FL 32822

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 P
NAME KOOL, WENDY
STREET ADDRESS 5675 MURRAY STREET
CITY-ST-ZIP PIERREFONDS, QUEBEC H8Z1L6 ☐ Delete

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

TITLE T
NAME SANCHEZ, DAN
STREET ADDRESS 401 2ND AVENUE S. #110 FLOOR
CITY-ST-ZIP SEATTLE WA 98104 ☒ Delete

TITLE T
NAME CHRIS JOHNSON
STREET ADDRESS EXECUTIVE PLAZA 2
CITY-ST-ZIP 11350 MCCORMICK RD. #200
HUNT VALLEY, MD. 21031 ☐ Change ☒ Addition

TITLE S
NAME PETERSON, NOEL
STREET ADDRESS 7800 RIDGECREST
CITY-ST-ZIP ALEXANDRIA VA 22308 ☐ Delete

TITLE D
NAME ERIC ROTHSTEIN
STREET ADDRESS 761 PULASKI ROAD
CITY-ST-ZIP GREENLAWN, N. Y. 11740 ☐ Change ☒ Addition

TITLE D
NAME TROTTER, ROBERT
STREET ADDRESS 81 TABOUESSAC
CITY-ST-ZIP ALMER, QUEBEC CA 495 2-9 ☒ Delete

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

TITLE D
NAME MEE, THOMAS
STREET ADDRESS 11350 MCCORMICK ROAD, #3200
CITY-ST-ZIP HUNT VALLEY MD 21031 ☒ Delete

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

TITLE D
NAME SCUNGIO, JOHN A
STREET ADDRESS 995 ADMIRAL STREET
CITY-ST-ZIP PROVIDENCE RI 02940 ☐ Delete

TITLE ☐ Change ☐ 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: NOEL PETERSON NOEL PETERSON 3/2/01 (407) 658-0405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)