

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90166 001 \*\*\*\*61.25

**DOCUMENT # 725706**

1. Entity Name

**MYAKKA VALLEY RANCHES IMPROVEMENT ASSOCIATION, I**

Principal Place of Business

**74-10A MYAKKA VALLEY TRAIL  
PO BOX 21463  
SARASOTA FL 34276-4463**

Mailing Address

**74-10A MYAKKA VALLEY TRAIL  
PO BOX 21463  
SARASOTA FL 34276-4463**

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

**59-1510999**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VOEGELIN, BARBARA  
5670 HOWARD CREEK RD  
SARASOTA FL 34241**

7. Name and Address of New Registered Agent

Name **WALTER F. KAHNE**

Street Address (P.O. Box Number is Not Acceptable)  
**5548 OLD RANCH RD**

City **SARASOTA, FL** Zip Code **34241**

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

*Walter F. Kahne*

**WALTER F. KAHNE**

**4/24/01**

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

TITLE **P** ☒ Delete  
NAME **VOEGELIN, BARBARA**  
STREET ADDRESS **5670 HOWARD CREEK RD**  
CITY-ST-ZIP **SARASOTA FL 34141**

TITLE **V** ☐ Delete  
NAME **FERRY, LINDA**  
STREET ADDRESS **6683 OLD RANCH RD**  
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **S** ☒ Delete  
NAME **LAWSON, LAURA**  
STREET ADDRESS **6675 OLD RANCH RD**  
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **T** ☒ Delete  
NAME **SCHAEFER, CHRISTINE**  
STREET ADDRESS **6862 PAPAGO RD**  
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **D** ☐ Delete  
NAME **WOLBERS, PAUL**  
STREET ADDRESS **5550 MYAKKA VALLEY TR**  
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **D** ☒ Delete  
NAME **DALTON, LEE**  
STREET ADDRESS **5125 COMBEE LANE**  
CITY-ST-ZIP **SARASOTA FL 34241**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **KAHNE WALTER F**  
STREET ADDRESS **5548 OLD RANCH RD**  
CITY-ST-ZIP **SARASOTA, FL 34241**

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

TITLE **S** ☒ Change ☐ Addition  
NAME **HUTCHINSON, JERRY**  
STREET ADDRESS **5441 MYAKKA VALLEY TRAIL**  
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **T** ☒ Change ☐ Addition  
NAME **VOEGELIN, BARBARA**  
STREET ADDRESS **5670 HOWARD CREEK RD**  
CITY-ST-ZIP **SARASOTA, FL 34241**

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

TITLE **D** ☒ Change ☐ Addition  
NAME **FILLMORE, BRUCE**  
STREET ADDRESS **5139 COMBEE LANE**  
CITY-ST-ZIP **SARASOTA, FL 34241**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1:19.07(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:

*Walter F. Kahne* **WALTER F. KAHNE**

Date

**4/24/01**

Daytime Phone #

**941-923-3588**

CR2E037 (10/00)