

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005705

1. Entity Name

STONEBROOK VILLAS II ASSOCIATION, INC.

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90100 043 ****61.25

Principal Place of Business

10481 SIX MILE CYPRESS PARK WAY
FT MYERS FL 33912

Mailing Address

10481 SIX MILE CYPRESS PARK WAY
FT MYERS FL 33912

00000147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1046904

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GULF COAST MANAGEMENT SERVICES, INC.
10060 AMBERWOOD RD, SUITE 4
FT MYERS FL 33913

Name **SHIELDS CHRISTOPHER J.**

Street Address (P.O. Box Number is Not Acceptable)

1833 HENDRY STREET

City

FORT MYERS

FL

Zip Code

33901

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

(CHRISTOPHER J. SHIELDS)

1/28/02

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 ☐ Delete
NAME **D GRIMES, JOSEPH**
STREET ADDRESS **10481 SIX MILE CYPRESS PARK WAY**
CITY-ST-ZIP **FT MYERS FL 33912**

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

TITLE ☒ Delete
NAME **D BENSON, STEVE**
STREET ADDRESS **10481 SIX MILE CYPRESS PARK WAY**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE ☒ Change ☒ Addition
NAME **McMURRAY DARIN**
STREET ADDRESS **10481 SIX MILE CYPRESS PKWY**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Delete
NAME **D BURNS, ALAN R**
STREET ADDRESS **10481 SIX MILE CYPRESS PARK WAY**
CITY-ST-ZIP **FT MYERS FL 33912**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQ (ALAN R. BURNS)

1/25/02

1-941-278-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)