

# 2000 UNIFORM BUSINESS REPORT (UBR)

3.

DOCUMENT # 417502

1. Entity Name

FLORIDA LIFESTYLE MANAGEMENT COMPANY

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90027 001 \*2,550.00

Principal Place of Business 1904 CLUBHOUSE DR SUN CITY CENTER FL 33573	Mailing Address 1904 CLUBHOUSE DR SUN CITY CENTER FL 33573-5912
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 24301 Walden Center Drive Suite, Apt. #, etc.	
City & State		City & State Bonita Springs, FL	
Zip	Country	Zip	Country
34134	USA	34134	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1505694		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GREENE, ROBERT E. C/O FLM 1904 CLUBHOUSE DR SUN CITY CENTER FL 33573		7. Name and Address of New Registered Agent Name Vivien Hastings Street Address (P.O. Box Number is Not Acceptable) 24301 Walden Center Drive City Bonita Springs FL Zip Code 34134	
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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 <i>Vivien Hastings</i>	DATE 1/28/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST FLINN, MILTON G 2020 CLUBHOUSE DR. SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Flinn, Milton G. 24301 Walden Center Drive Bonita Springs, FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENE, ROBERT E 1904 CLUBHOUSE DRIVE SUNCITY CENTER FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT DIETZ, JAMES 2020 CLUBHOUSE DR SUN CITY CENTER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/T Dietz, James 24301 Walden Center Drive Bonita Springs, FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRASINGTON, CHARELES E 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Hoffman, Alfred 24301 Walden Center Drive Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STARKEY, JERRY LYNN 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Starkey, Jerry L. 24301 Walden Center Drive Bonita Springs, FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FONTE, ALBERTINA 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Fonte, Albertina 1904 Clubhouse Drive Sun City Center, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Vivien Hastings, Secretary</i>	DATE 1/28/00	DAYTIME PHONE # 941-947-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (9/99)

## 2000 UNIFORM BUSINESS REPORT

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## FLORIDA LIFESTYLE MANAGEMENT COMPANY

401656

12. D  
Ackerman, Don  
24301 Walden Center Drive  
Bonita Springs, FL

VS  
Hastings, Vivien  
24301 Walden Center Drive  
Bonita Springs, FL

V  
Adelman, Steven C.  
24301 Walden Center Drive  
Bonita Springs, FL

V  
Cullen, James D.  
24301 Walden Center Drive  
Bonita Springs, FL

AS  
Keith, Sylvia  
24301 Walden Center Drive  
Bonita Springs, FL

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