## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## FILED Jun 05, 2000 8:00 am Secretary of State **DOCUMENT # 703561** 1. Entity Name GEORGE TOWN OWNERS ASSOCIATION, INC. 06-05-2000 90019 019 \*\*\*\*70.00 Principal Place of Business Mailing Address 10 GEORGE TOWN 10 GEORGE TOWN FORT MYERS FL 33919 FORT MYERS FL 33919 3. Mailing Address Principal Place of Business lizeorge Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2355675 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 7.=Name and Address of New Registered Agent-6.-Name and Address of Current Registered Agen Street Address (P.O. Box Number is Not Acceptable) HUSSEY, JERRY George towr 10 GEORGE TOWN FT. MYERS FL 33919 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. President Delete TITLE X Change ☐ Addition TITLE NAME ENGVALSON, KINLEY NAME STREET ADDRESS STREET ADDRESS 31 GEORGE TOWN CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL Delete TITLE rector **Addition** TITLE arnsworth NAME LENICK, EDWARD NAME 1016 0 Mc Great Blud STREET ADDRESS 7\_GEORGE TOWN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33919 **Addition** NP Chanse. Change Delete TITLE TITLE HUSSEY, JERRY NAME NAME STREET ADDRESS STREET ADDRESS 10 GEORGE TOWN 33919 CITY-ST-ZIP CITY - ST-7IP FT MYERS FL 33919 Addition Change ☐ Delete TITLE ORR, JAMES NAME STREET ADDRESS STREET ADDRESS 21 GEORGE TOWN CITY-ST-7IP CITY-ST-ZIP FT MYERS FL ☐ Change ☐ Addition ☐ Delete TITLE PROSSEN, PEGGY NAME NAME STREET ADDRESS STREET ADDRESS 17 GEORGE TOWN CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33919 Delete TITLE Change Addition NAME MATHESON, ROBERT NAME STREET ADDRESS STREET ADDRESS 10140 MCGREGOR BLVD CITY-ST-ZIP FT. MYERS FL 33919 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

Deirdre 5 Baker