

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90210 008 \*\*\*\*61.25

**DOCUMENT # 707258**

1. Entity Name

**ISLES COLONY CONDOMINIUM APTS NO. II, INC.**

Principal Place of Business

**1700 JAMAICA WAY  
PUNTA GORDA FL 33950**

Mailing Address

**P.O. BOX 510463  
PUNTA GORDA FL 33950**

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

**59-1566896**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MEREDITH, DEBRA K  
STAR HOSPITALITY MANAGEMENT, INC.  
3160 MATECUMBE KEY ROAD  
PUNTA GORDA FL 33955**

7. Name and Address of New Registered Agent

Name **Alan White**

Street Address (P.O. Box Number is Not Acceptable)  
**15510 Burnt Store Road**

City **Punta Gorda**

**FL**

Zip Code **33955**

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

**2-2-01**

(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 NAME STREET ADDRESS CITY-ST-ZIP	PD DONNELLY, JULIE 1700 JAMAICA WAY #109 PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LILLARD, TIP 1700 JAMAICA WAY #112 PUNTA GORDA FL 33955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAISIELLO, MIKE PO BOX 2682 DUXBURY MA 02331	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDERONE, JOE 8129 WHEELER DR ORLAND PARK IL 60462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVEY, ALICE 1700 JAMAICA WAY #110 PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Carl Stiehl 2030 Jamaica Way Punta Gorda FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bonnie Bliss 1700 Jamaica Way #102 Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ken Thomas 1700 Jamaica Way #111 Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Bob Brown 1448 Grebe Drive Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Virginia Savat 1700 Jamaica Way #112 Punta Gorda, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 REQUIRED**

**01-27-01**

**941-575-4560**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)