

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721246

1. Entity Name

THE GLADES COUNTRY CLUB APTS.ASSOCIATION, INC.

Principal Place of Business

Mailing Address

174 TERYL ROAD
NAPLES FL 34112
US

174 TERYL ROAD
NAPLES FL 34112-6062
US

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

59-2310817

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

HESSEL, MICHAEL I.
174 TERYL RD
NAPLES FL 34112

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

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	TD	<input type="checkbox"/> Delete
NAME	HAUOR, WILLIAM	
STREET ADDRESS	480 TREY C ROAD 3	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHEEHAN, JACK	
STREET ADDRESS	264 PALM DR 6	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCCELLATO, JOSEPH	
STREET ADDRESS	253 WINNERS CIRCLE #4	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LINK, PAUL	
STREET ADDRESS	145 TERRY RD #1	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINK, PAUL	
STREET ADDRESS	145 TERYL RD #1	
CITY-ST-ZIP	NAPLES, FL. 34112	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTNEY, DONALD	
STREET ADDRESS	385 PALM DR	
CITY-ST-ZIP	NAPLES, FL. 34112	
TITLE	V.DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDELL, HAROLD	
STREET ADDRESS	145 TERRY RD #1	
CITY-ST-ZIP	NAPLES, FL. 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

HAROLD ADDELL REPEARED Harold Adpell 3/24/00 (941) 774-6898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90013 029 ****61.25

A0033772



DO NOT WRITE IN THIS SPACE