

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723184

1. Entity Name

THE ISLAND MANOR APARTMENTS OF MARCO ISLAND, INC

Principal Place of Business

87 N. COLLIER BLVD  
MARCO ISLAND FL 33937

Mailing Address

87 N. COLLIER BLVD  
MARCO ISLAND FL 34145-3712

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

59-1508704

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

WISEMAN, TAMELA EADY  
600 5TH AVE SOUTH  
STE 301  
NAPLES FL 34102

Name

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

City

FL

Zip Code

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	<del>SECRETARY</del> D	<input type="checkbox"/> Delete
NAME	SYPEK, MARY	
STREET ADDRESS	186 ASHLEY AVE.	
CITY-ST-ZIP	W SPRINGFIELD MA	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROOKSBY, HORALD	
STREET ADDRESS	87 N COLLIER BLVD, #15	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	D SECRETARY	<input type="checkbox"/> Delete
NAME	PIECZYNSKI, MARY	
STREET ADDRESS	8227 HOHMAN	
CITY-ST-ZIP	MUNSTER IN	
TITLE	<del>TD</del>	<input checked="" type="checkbox"/> Delete
NAME	ESAU, DONALD	
STREET ADDRESS	244 VIA PERIGNAN	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	<del>TD</del> TREAS	<input type="checkbox"/> Delete
NAME	HILL, BARBARA	
STREET ADDRESS	PO BOX 36	
CITY-ST-ZIP	LEE MA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCARTY, FRANCIS	
STREET ADDRESS	87 N COLLIER BLVD, #A-7	
CITY-ST-ZIP	MARCO ISLAND FL	

TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENIS P. CANDLEN	
STREET ADDRESS	212 Manomet Ave	
CITY-ST-ZIP	Manomet, MA 02345	
TITLE	2nd VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Victor J. Cyphers	
STREET ADDRESS	14 Charter Oaks Dr.	
CITY-ST-ZIP	Pittsford, NY 14534	
TITLE	ASS. SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Thornton	
STREET ADDRESS	7655 Arbor Lakes Ct #2213	
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 checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90032 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)