

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

735083

1. Entity Name

BLIND PASS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5117 Sea Bell Rd  
Sanibel, FL 33957

Mailing Address

2. Principal Place of Business

3. Mailing Address

12650 Whitehall Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Fort Myers, FL

4. FEI Number

59-1740802

Applied For

Not Applicable

Zip

Country

Zip

Country

33907

Lee

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

Mark R. Benson

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

12650 Whitehall Dr.

City

Fort Myers

FL

Zip Code  
33907

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

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	PD	<input type="checkbox"/> Delete
NAME	Disler, Mike	
STREET ADDRESS	5117 Sea Bell Rd C-109	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Foos, Charles	
STREET ADDRESS	5117 Sea Bell Rd F-208	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Disler, Darren	
STREET ADDRESS	5117 Sea Bell Rd E-208	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Masuka, John	
STREET ADDRESS	5117 Sea Bell Rd G-202	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	Calaminici, Joseph	
STREET ADDRESS	5117 Sea Bell Rd E-201	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	Eagan, Richard	
STREET ADDRESS	5117 Sea Bell Rd #B-107	
CITY-ST-ZIP	Sanibel, FL 33957	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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:

Mike Disler, MIKE DISLER, PRES. + D

Date

Daytime Phone #

FILED  
Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90030 001 \*\*\*\*61.25

720200

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)