

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90018 028 \*\*\*\*\*61.25

**DOCUMENT # 735261**

1. Entity Name

**TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 140**

Principal Place of Business

Mailing Address

IT 1400, INC.  
 1400 TROPIC TERRACE  
 NO. FORT MYERS FL 33903

IT 1400, INC.  
 1400 TROPIC TERRACE  
 NO. FORT MYERS FL 33903

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

**59-1704431**

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

**WIESNER, JAMES**  
**1424 TROPIC TERRACE**  
**N. FT. MYERS FL 33903**

Name

**James R. Hamner**

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

**1412 Tropic Terrace**

City

**N. Fort Myers**

**FL**

Zip Code

**33903**

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 **James R. Hamner**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**02/08/2001**

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>TOBIN, DEANNE<br>1403 TROPIC TERRACE<br>N. FT. MYERS FL 33903   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MAURER, DORETTA<br>1404 TROPIC TERRACE<br>N. FT. MYERS FL 33903 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>VILCNEK, ANNE<br>1411 TROPIC TERRACE<br>NO FORT MYERS FL 33903 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>GASSER, JEANETTE<br>1402 TROPIC TERRACE<br>N FT. MYERS FL      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEAETTE, FRANK<br>1422 TROPIC TERRACE<br>N FT. MYERS FL 33903   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      | <input type="checkbox"/> Delete            |

|                                                |                                                                         |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>James R. Hamner<br>1412 Tropic Terrace<br>N. Ft. Myers FL 33903    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Jerald Simon<br>1410 Tropic Terrace<br>N. Ft. Myers, FL 33903      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>Doris Scribner<br>1407 Tropic Terrace<br>N. Ft. Myers, FL 33903   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>Mary Lou Hartman<br>1434 Tropic Terrace<br>N. Ft. Myers, FL 33903 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>Deanna Tobin<br>1403 Tropic Terrace<br>N. Ft. Myers, FL 33903    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Change <input 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:

**James R. Hamner**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**02/08/2001**

**941-652-4123**

CR2E037 (10/00)