## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2000 8:00 am Secretary of State **DOCUMENT # 736463** 1. Entity Name SAN CARLOS PARK CIVIC ASSOCIATION, INC. 05-15-2000 90232 022 \*\*\*\*61.25 Principal Place of Business Mailing Address 7229 MYRTLE ROAD 7229 MYRTLE ROAD FT MYERS FL 33912 FT MYERS FL 33912-3050 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1982628 Not Applicable Ziρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name \$7**EVE** SNYDER Street Address (P.O. Box Number is Not Acceptable) 9(56 MANDARIN RD BOUHER, INES DEATH 7229 MYRTLE ROAD FORT MYERS FL-33912 334/0**F** 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 DATE Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 SEC. Change Addition TITLE TITLE SD ☐ Delete CAROL GAINES 9197 POMELO RO NAME NAME CAINS, CAROL STREET ADDRESS STREET ADDRESS 9197 TOMILO ROAD EAST CITY-ST-ZIP FORT MYERS FL33912-3750 CITY-ST-ZIP FT. MYERS FL 33912 PRES. Change . . . Addition ☐ Delete TITLE TITLE PD JUERGENS ERNEST NAME NAME JUERGENS, ERNEST STREET ADDRESS STREET ADDRESS 9164 MANDARIN RD 9164 MANDARIN RD CITY-ST-ZIP CITY-ST-ZIP FURT MYERS FL 33912-3750 FORT MYERS FL 33912 ☐ Delete ☐ Addition TITLE TITLE VD RHEA BOGNER 18246 LOWE AR NAME NAME MERCER, ROBERT STREET ADDRESS STREET ADDRESS 19001 COCONUT RD CITY-ST-ZIP FORT MYERS R 33912 CITY-ST-ZIP FT. MYERS FL 33912 □ Addition TREAS TITLE ☐ Delete TITLE STEVE SNYDER PD 9156 MANDARIN PD FORT MYERS PL 33912 NAME NAME **BOUCHER, INES** STREET ADDRESS STREET ADDRESS 7229 MYRTLE RD CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33912 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 yarvaddress, with all other like empowered.

ALQUIRED

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

ATURE AND TYPED OR

Daytime Phone #