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# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 27, 2002 8:00 am**
**Secretary of State**
04-23-2002 90366 021 ****61.25

DOCUMENT # 741204

1. Entity Name

EL RIO CONDOMINIUM BUILDING NO. 8, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4840 GOLF CLUB COURT #8<br>STE. 8<br>NORTH FORT MYERS FL 33903<br>US | 4840 GOLF CLUB COURT #8<br>STE. 8<br>NORTH FORT MYERS FL 33903<br>US |

95283

[redacted]

DO NOT WRITE IN THIS SPACE

| 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 59-2361387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, BILLIE
4840 GOLF CLUB COURT STE 8
NORTH FORT MYERS FL 33903

7. Name and Address of New Registered Agent

Name: TIPTON, Viola

Street Address (P.O. Box Number is Not Acceptable): 4840 Golf Club Court Ste 2

City: N. Ft 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: Viola Tipton — Viola Tipton — 4/11/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>FORD, BILLIE<br>4840 GOLF CLUB DIVE STE 8<br>NORTH FORT MYERS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P D<br>P.BENETATOS, MICHAEL<br>4840 GOLF CLUB CT #6<br>NORTH FT MYERS FL 33903 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>RICE, DORIS<br>4840 GOLF CLUB CT. #3<br>N. FT. MYERS FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP D<br>VP MARTIN, LOU ANN<br>4840 GOLF CLUB DR #5<br>N. FT MYERS FL 33903 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MARTIN, LOU ANN<br>4840 GOLF CLUB COURT #5<br>NORTH FORT MYERS FL 33903 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S T<br>S<br>FORD, BILLIE<br>4840 GOLF CLUB DR #8<br>N FT MYERS FL 33903 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ROON, LAVERNE<br>4840 GOLF CLUB COURT #1<br>NORTH FORT MYERS FL 33903 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>T<br>TIPTON, VIOLA<br>4840 GOLF CLUB CT #2<br>N FT MYERS FL 33903 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MB<br>PARRICH, DORIS<br>4840 GOLF CLUB CT # 4D<br>FORT MYERS FL 33903 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MB<br>MB<br>ADAMS, PATRICIA<br>4840 GOLF CLUB CT #10<br>N FT MYERS FL 33903 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BENETATOS, MICHAEL<br>4840 GOLF CLUB COURT #6<br>NORTH FORT MYERS FL 33903 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MB<br>MB<br>PARISH, DORIS<br>4840 GOLF CLUB CT #4<br>N FT MYERS FL 33903 | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 REQUIRED Viola Tipton 4/11/02 239-997-2575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #