

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741418

1. Entity Name

PEACEFUL PINES HOMEOWNERS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90110 025 ****61.25

Principal Place of Business

19621-46 N TAMiami TRAIL
N FT MYERS FL 33903
US

Mailing Address

19621-46 N TAMiami TRAIL
N FT MYERS FL 33903-1227
US

2. Principal Place of Business

19621-5 N TAMiami TR
Suite, Apt. #, etc.

#5
City & State
N FT MYERS, FL.
Zip Country
33903 LEE

3. Mailing Address

19621-5 N TAMiami TR
Suite, Apt. #, etc.

#5
City & State
N FT MYERS, FL.
Zip Country
33903 LEE



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINDER, ALDEN E
19621 NORTH TAMiami TRAIL
LOT 16
NORTH FORT MYERS FL 33903

7. Name and Address of New Registered Agent

Name
RICHARD KEAST
Street Address (P.O. Box Number is Not Acceptable)
19621-5 N TAMiami TR
City Zip Code
N FT MYERS FL 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 RICHARD F KEAST PRES Richard F Keast 1 FEB 2000
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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LINDER, ALDEN E	
STREET ADDRESS	19621 NORTH TAMiami TRAIL	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, RUSSELL	
STREET ADDRESS	19621-10 N TAMiami TR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOSSE, BARBARA	
STREET ADDRESS	19621-50 N TAMiami TR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOVACS, DARALEE	
STREET ADDRESS	19621-24 N TAMiami TR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINDER, ELSIE	
STREET ADDRESS	19621-16 N TAMiami TRAIL	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHEIDL, ANNA-MARIE	
STREET ADDRESS	19621-46 N. TAMiami TR	
CITY-ST-ZIP	N. FORT MYERS FL 33903	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEAST RICHARD F.	
STREET ADDRESS	19621-5 N. TAMiami TR	
CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	V P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOTTIE BEAS	
STREET ADDRESS	19621-44 N TAMiami TR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY BOSSE	
STREET ADDRESS	19621-50 N TAMiami TR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDNA BACSIKIN	
STREET ADDRESS	19621-11 N TAMiami TR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNA MARIE SCHEIDL	
STREET ADDRESS	19621-46 N. TAMiami TR.	
CITY-ST-ZIP	N. FT MYERS - FL 33903	

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: RICHARD F KEAST PRES Richard F Keast 1 FEB 2000 941-731-3913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)