## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED **DOCUMENT # 744379** May 20, 2000 8:00 am Secretary of State 1. Entity Name ACCESS COMMONS "D" ASSOCIATION, INC. 05-20-2000 90002 023 \*\*\*\*61.25 Principal Place of Business Mailing Address P O BOX 11209 P O BOX 11209 NAPLES FL 34101-1209 NAPLES FL 34101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0305250 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART, STEPHEN P COLLIER FINANCIAL, INC 4985 E TAMIAMI TRAIL Zip Code NAPLES FL 34113 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 Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VPD Delete TITLE TITLE NAME Martin, James NAME STREET ADDRESS STREET ADDRESS 4717 VILLA MARE LN CITY-ST-ZIP CITY-ST-ZIP Naples FL ☐ Change ☐ Addition C Delete TITLE SD TITLE MCGUIRE, JACK NAME NAME STREET ADDRESS STREET ADDRESS 4651 GULF SHORE BLVD N. #502 CITY-ST-ZIP CITY-ST-ZIF NAPLES FL TITLE PD Delete TITLE Change ☐ Addition NAME fleshez, Robert NAME STREET ADDRESS STREET ADDRESS 4551 GULFSHORE BLVD., N., #403 CITY-ST-ZIP CITY-ST-ZIF naples fl **X**Delete TD TITLE ☐ Change ☐ Addition TITLE GORTNER, WILL NAME NAME STREET ADDRESS 4601 GULF SHORE BLVD N. PH1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND TYPED OF POINTS VALUE OF SIGNING OFFICER OR DIRECT

4-28-00 941-597-80