

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751136

1. Entity Name

GLADIOLUS GARDENS RECREATIONAL AND MAINTENANCE ASSOCIATION, INC.

Principal Place of Business
Country Road
Fort Myers, FL 33919

Mailing Address
12650 Whitehall Dr
Fort Myers, FL 33907

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

59-2169253

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

Mark R. Benson
12650 Whitehall Dr
Fort Myers, FL 33907

Name

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

City

FL

Zip Code

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

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 PD
NAME Scensny, Grace
STREET ADDRESS 8071 Country Rd #105
CITY-ST-ZIP Fort Myers, FL 33919

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME McMahon, Lambert
STREET ADDRESS 8148 Country Rd #104
CITY-ST-ZIP Fort Myers, FL 33919

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME VanDyke, Frances
STREET ADDRESS 8135 Country Rd #106
CITY-ST-ZIP Fort Myers, FL 33919

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME Brooks, Peggy
STREET ADDRESS 8141 Country Rd #205
CITY-ST-ZIP Fort Myers, FL 33908

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

X Grace Scensny

4-19-00

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90037 006 ****61.25

120243

DO NOT WRITE IN THIS SPACE