

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90008 041 ****61.25

DOCUMENT # 751136

1. Entity Name

GLADIOLUS GARDENS RECREATIONAL AND MAINTENANCE A

Principal Place of Business

COUNTRY ROAD
 FT. MYERS FL 33919
 US

Mailing Address

12650 WHITEHALL DRIVE
 FT. MYERS FL 33907
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

BENSON, MARK R.
12650 WHITEHALL DR
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

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

TITLE **TD** ☒ Delete
 NAME **BROOKS, PEGGY**
 STREET ADDRESS **8148 COUNTRY RD, 205**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **VD** ☒ Delete
 NAME **MCMAHON, LAMBERT**
 STREET ADDRESS **8071 COUNTRY RD 104**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **PD** ☐ Delete
 NAME **MATUSICK, TOM**
 STREET ADDRESS **8106 COUNTRY RD #203**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **SD** ☐ Delete
 NAME **VAN DYKE, FRANCES**
 STREET ADDRESS **8135 COUNTRY RD, 106**
 CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
 NAME **Maglott, Glenn, Sr**
 STREET ADDRESS **8148 Country Road #204**
 CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Flusche, Dietrich**
 STREET ADDRESS **8141 Country Road #204**
 CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Matusick, Tom**
 STREET ADDRESS **8106 Country Rd #203**
 CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 OF REGISTERED AGENT

2-28-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)