

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90448 015 ****61.25

DOCUMENT # 751136

1. Entity Name

GLADIOLUS GARDENS RECREATIONAL AND MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**COUNTRY ROAD
 FT. MYERS FL 33919**

**12650 WHITEHALL DRIVE
 FT. MYERS FL 33907
 US**

2. Principal Place of Business

CAPITAL PROPERTIES

3. Mailing Address

CAPITAL PROPERTIES GR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3364 CLEVELAND AVE

3364 CLEVELAND AVE

City & State

City & State

FT. MYERS, FL

FT. MYERS, FL

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

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

Name

KENNETH D. RAGER

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

3364 CLEVELAND AVE

City

FT. MYERS, FL

FL

Zip Code

33901

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

4/29/02

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	PD MAGLOTT, GLENN SR 8148 COUNTRY ROAD #204 FORT MYERS FL 33919 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLUSCHE, DIETRICH 8141 COUNTRY ROAD #204 FT MYERS FL 33919 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATUSICK, TOM 8106 COUNTRY RD #203 FT MYERS FL 33919 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN DYKE, FRANCES 8135 COUNTRY RD, 106 FT MYERS FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)