

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752935

1. Entity Name

SUNSHINE MOBILE VILLAGE RESIDENTS ASSOCIATION, I

Principal Place of Business

13691 WARBLER DR
FT MYERS FL 33908
US

Mailing Address

13691 WARBLER DR
FT MYERS FL 33908-5814
US

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

59-2008020

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

SNYDER, GLENN
13691 WARBLER DR
FT MYERS FL 33908

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 SD ☐ Delete
NAME BAVETZ, JUDY
STREET ADDRESS 13860 KNOT
CITY-ST-ZIP FT MYERS FL 33908

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

TITLE TD ☒ Delete
NAME LEMAY, LOUISE
STREET ADDRESS 13670 NIGHTBIRD
CITY-ST-ZIP FT MYERS FL 33908

TITLE TD ☒ Change ☐ Addition
NAME Ryden, Walter
STREET ADDRESS 13650 Shovelar Dr.
CITY-ST-ZIP Ft. Myers, FL 33908

TITLE PD ☐ Delete
NAME SNYDER, GLENN
STREET ADDRESS 13691 WARBLER DR.
CITY-ST-ZIP FT MYERS FL 33908

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

TITLE VD ☒ Delete
NAME BOUTON, DONALD
STREET ADDRESS 13630 SORA
CITY-ST-ZIP FT MYERS FL 33908

TITLE VD ☒ Change ☐ Addition
NAME Poole, Norman
STREET ADDRESS 13601 Grackle Dr.
CITY-ST-ZIP Ft. Myers, FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Glenn Snyder* REGISTERED F. Snyder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-00

Date

94-454-3273

Daytime Phone #

CR2E037 (9/99)