

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752937

1. Entity Name

GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTI

Principal Place of Business

% CCRM
15250 SOUTH U.S. 41 SUITE H
FT MYERS FL 33908

Mailing Address

% CCRM
15250 SOUTH U.S. 41 SUITE H
FT MYERS FL 33908

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

59-2165563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SORGI, JOE
15250 SOUTH U.S. 41, SUITE H
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

Name J.R. SORGI

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

1620 MEDICAL LANE / SUITE 122

City FORT MYERS

FL 33907

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

J.R. SORGI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/8/02

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

TITLE STD
NAME DANIELS, MARGE
STREET ADDRESS 8124 COUNTRY RD SW #103
CITY-ST-ZIP FT MYERS FL ☐ Delete

TITLE PD
NAME MITCHELL, WILLIAM
STREET ADDRESS 8124 COUNTRY RD SW #201
CITY-ST-ZIP FT MYERS, FL 00000 ☐ Delete

TITLE VPD
NAME DANIELS, GEORGE
STREET ADDRESS 8124 COUNTRY RD SW #202
CITY-ST-ZIP 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 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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

1/10/01

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90069 042 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)