

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90215 030 ****61.25

DOCUMENT # 752937

1. Entity Name

**GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTI
ON III, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

1620 MEDICAL LANE
 Suite, Apt. #, etc.
122

1620 MEDICAL LANE
 Suite, Apt. #, etc.
122

City & State
FORT MYERS, FL.

City & State
FORT MYERS, FL

Zip
33908 Country

Zip
33908 Country

4. FEI Number
59-2165563

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORGI, J.R. MEDICAL
1620 MEDICAL LN STE 122
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

William Mitchell

1/01/02

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
STD
DANIELS, MARGE
8124 COUNTRY RD SW #103
FT MYERS FL ☐ Delete

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

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

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

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

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

TITLE
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 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:

William Mitchell

1/01/02

278-4079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Residence Phone #

CR2E037 (9/01)