

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755638

1. Entity Name

THE MEADOWS OF FORT MYERS CONDOMINIUM ASSOCIATIO

Principal Place of Business

2310 MAPLE STREET
FORT MYERS FL 33911

Mailing Address

P.O. BOX 7764
FORT MYERS FL 33911-7764

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MCMILLIN, JOHN W.
1846 JEFFERSON AVE.
FT MYERS FL 33901

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 PD ☐ Delete
NAME MURPHY, FLORENCE
STREET ADDRESS 50 AVENUE H
CITY-ST-ZIP JAMESBURG NJ 08831

TITLE TD ☐ Delete
NAME KADLIC, CAROL
STREET ADDRESS 212 70TH STREET
CITY-ST-ZIP GUTTENBERG NJ 07093

TITLE SD ☒ Delete
NAME KELLER, KATHY
STREET ADDRESS 256 HIGHWOOD STREET
CITY-ST-ZIP TEANECK NJ 07666

TITLE D ☒ Delete
NAME KELLER, CHARLES
STREET ADDRESS 256 HIGHWOOD STREET
CITY-ST-ZIP TEANECK NJ 07666

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 D ☐ Change ☒ Addition
NAME CARLOS FRIZONE
STREET ADDRESS 43 GEORGETOWN
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE D ☐ Change ☒ Addition
NAME DAVID WESTPHAL
STREET ADDRESS 18682 SPRUCE DR. E.
CITY-ST-ZIP FORT MYERS, FL 33912

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

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:

CAROL KADLIC BECCARD KADLIC

4/17/00 941-936-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)