

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756374

1. Entity Name

MED. CONDO. ASSN., INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90051 007 ***61.25

Principal Place of Business

4055 TAMiami TRAIL
SUITE 14
PORT CHARLOTTE FL 33952
US

Mailing Address

4456 TAMiami TRAIL
PORT CHARLOTTE FL 33980-2101
US

2. Principal Place of Business

4456 TAMiami TRAIL

Suite, Apt. #, etc.

PORT CHARLOTTE FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33980

Country

USA

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LENZNER, RICHARD W

4456 TAMiami TRAIL

PORT CHARLOTTE FL 33980

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 **D** ☐ Delete
NAME **BEECH, BARBARA**
STREET ADDRESS **14390 MEDITERRANEAN DRIVE**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **D** ☐ Delete
NAME **HODGSON, DON**
STREET ADDRESS **1423 B MEDITERRANEAN DR**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **D** ☒ Delete
NAME **WIBLE, JOHN**
STREET ADDRESS **9036 HOMER RD**
CITY-ST-ZIP **MILFORD CENTER OH**

TITLE **D** ☒ Delete
NAME **RITTER, GRACE**
STREET ADDRESS **14330 MEDITERRANEAN DRIVE**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **PD** ☐ Delete
NAME **RICHARDS, JOSPEH**
STREET ADDRESS **1325 HICKORY RIDGE LANE**
CITY-ST-ZIP **WORTHINGTON OH**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME **DT. DAVE SMITH**
STREET ADDRESS **7243 WARD RD**
CITY-ST-ZIP **PARM, OHIO 44134**

TITLE ☐ Change ☒ Addition
NAME **D. EUGENE FILAS**
STREET ADDRESS **3652-193rd PLACE**
CITY-ST-ZIP **LANSING, MI. 48203**

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.

DONALD W. HODGSON - DIRECTOR

SIGNATURE:

DONALD W. HODGSON - **D-3-9-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)