

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756896

1. Entity Name TAMAMI VILLAGE LOT OWNERS ASSOCIATION

FILED  
Apr 04, 2000 8:00 am  
Secretary of State

04-04-2000 90031 043 \*\*\*\*70.00

Principal Place of Business Mailing Address  
9097 FLAMINGO CIRCLE  
NORTH FORT MYERS, FL  
33903

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 59-2351945 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

Name STERLING CHAMBERLAIN  
Street Address (P.O. Box Number is Not Acceptable)  
9097 FLAMINGO CIRCLE  
City NORTH FORT MYERS, FL Zip Code 33903

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 Sterling Chamberlain  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

3/29/2000  
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P STERLING CHAMBERLAIN 9097 FLAMINGO CIRCLE NORTH FORT MYERS, FL- 33903	
VP ALEX KOFFMAN 198 HIBISCUS WAY NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T ROBERT P. STEWART 9063 FLAMINGO CIRCLE NORTH FORT MYERS, FL. 33903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S SHIRLEE BOSS 248 CITRON WAY NORTH FORT MYERS, FL. 33903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P FRANK CLEAVER 9055 FLAMINGO CIRCLE NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P ROBERT HOOVER 9221 BONITA DRIVE NORTH FORT MYERS, FL. 33903	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sterling Chamberlain  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2000 (941) 656-6453  
Date Daytime Phone #

CR2E037 (9/99)