

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90023 033 \*\*\*\*61.25

**DOCUMENT # 759065**

1. Entity Name

**COUNTRY PINES OF NORTH FORT MYERS CONDOMINIUM AS**

Principal Place of Business

1221 BARRETT RD  
 N. FT. MYERS FL 33903  
 US

Mailing Address

% BENSON'S INC.  
 12650 WHITEHALL DR.  
 N. FT. MYERS FL 33907  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2267111**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BENSON, MARK R.**  
**C/O BENSON'S INC.**  
**12650 WHITEHALL DR.**  
**FT 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

**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	SD	<input type="checkbox"/> Delete
NAME	HAUSER, JEAN	
STREET ADDRESS	26865 AYSEN DR	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	D	<input type="checkbox"/> Delete
NAME	REAM, FRANK	
STREET ADDRESS	1221 BARRETT RD #902	
CITY-ST-ZIP	NORTH FORT MYERS F 33903	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DOLGIN, CLAUDIA	
STREET ADDRESS	1201 BARRET RD #1206	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, THOMAS	
STREET ADDRESS	1220 HALL RD #403	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, LESLIE	
STREET ADDRESS	1241 BARRETT RD #807	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, RAY	
STREET ADDRESS	1250 HALL ROAD #601	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hauser, Jean	
STREET ADDRESS	26865 Aysen Dr	
CITY-ST-ZIP	Punta Gorda, FL 33983	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ream, Frank	
STREET ADDRESS	1221 Barrett Rd #902	
CITY-ST-ZIP	North Fort Myers, FL 33903	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foley, Theresa	
STREET ADDRESS	1221 Barrett Rd #908	
CITY-ST-ZIP	North Fort Myers, FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*JEAN HAUSER*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-01

Date

941-743-7555

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE