

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765625

1. Entity Name

VILLANOVA COLONNADE CONDOMINIUM, SECTION II, ASS

Principal Place of Business

27657 OLD 41
P O BOX 2507
BONITA SPRINGS FL 33959-2507

Mailing Address

27657 OLD 41
P O BOX 2507
BONITA SPRINGS FL 33959-2507

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 59-2335819

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUCKEY, FLOYD JR.
5164 BONITA BEACH RD SW
BONITA SPRINGS FL 33923

7. Name and Address of New Registered Agent

Name Bradley R Smith

Street Address (P.O. Box Number is Not Acceptable)

27657 Old 41 Rd

City Bonita Springs FL Zip Code 33935

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 *Bradley R. Smith*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/01

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 VD
NAME MARIAM, HAILLE
STREET ADDRESS 9861 ALABAMA STREET #1
CITY-ST-ZIP BONITA SPRINGS FL ☐ Delete

TITLE PD
NAME LUCKEY, FLOYD JR.
STREET ADDRESS 5164 BONITA BEACH RD SW
CITY-ST-ZIP BONITA SPRINGS FL ☐ Delete

TITLE STD
NAME LUCKEY, BARBARA
STREET ADDRESS 5164 BONITA BCH RD SW
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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TITLE
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01

Date

Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90342 006 ****61.25

40027795



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)