

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 26, 2001 8:00 am
Secretary of State

05-16-2001 90028 013 ****61.25

DOCUMENT # 766386

1. Entry Name

SHELL HARBOR INN RESORT & CLUB II CONDOMINIUM AS

Principal Place of Business

Mailing Address

PO BOX 194
ATTN: ASSN MGMT
CAPTIVA ISLAND FL 33924
US

PO BOX 194
ATTN: ASSN MGMT
CAPTIVA ISLAND FL 33924
US

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

NOT APPLICABLE

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

**SOUTH SEAS PLANTATION RESORT
13000 CAPTIVA ROAD
ATTN: ASSN. MGMT.
CAPTIVA ISLAND FL 33924**

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 \$81.25**

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 Delete
NAME ~~VO PURDINE, ROBERT~~
STREET ADDRESS ~~47 MADISON AVE~~
CITY-ST-ZIP ~~ROSELLE PARK NY~~

TITLE Change Addition
NAME **D William F. Harrison**
STREET ADDRESS **2812 Humboldt Ave South**
CITY-ST-ZIP **Minneapolis, MN 55408**

TITLE Delete
NAME ~~STD SUAREZ, KENNETH~~
STREET ADDRESS ~~SOUTH SEAS PLANTATION~~
CITY-ST-ZIP ~~CAPTIVA FL 33924~~

TITLE Change Addition
NAME **T ANTHONY C. CUOAHY**
STREET ADDRESS **5400 CAPTIVA ROAD**
CITY-ST-ZIP **CAPTIVA, FL 33924**

TITLE Delete
NAME **DP SILBERMAN, ALLAN**
STREET ADDRESS **7729 OLD CHESTER RD**
CITY-ST-ZIP **BETHESDA MD 20817**

TITLE Change Addition
NAME **D WILLIAM HARRISON**
STREET ADDRESS **2812 HUMBOLDT AVE S.**
CITY-ST-ZIP **MINNEAPOLIS, MN 55408**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **D RICHARD NELSON**
STREET ADDRESS **6111 OSAGE**
CITY-ST-ZIP **DOWNERS GROVE, IL 60516**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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: *Travis Silberman* **4/26/01 941-472-7566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)