

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 766841**

1. Entity Name

GULF RIDGE EAST PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

**GULF RIDGE EAST SUBDIVISION
JOEWOOD DR
SANIBEL FL 33957
US****P O BOX 1254
1619 JACKSON STREET
SANIBEL FL 33957-1254
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

59-2355120

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

**HENDERSON, ROBERT P.
1619 JACKSON STREET
FORT MYERS FL 33902**

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	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
BD	MARCHETTA, DR FRANK C	180 HIGH PARK BLVD	EGGERTSVILLE NY	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	MALI, DR. PAUL	638 PEQUOT AVENUE	NEW LONDON CO	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WINSTANLEY, DAVID	325 NASHAWTUC RD	CONCORD MA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PT	GOLDENBERG, HERB	4949 JOEWOOD DR	SANIBEL FL 33957	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERBERT GOLDENBERG 3/13/00

Date

Daytime Phone #

941-472-3961

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90041 016 ****61.25

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DO NOT WRITE IN THIS SPACE