

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90134 044 \*\*\*\*61.25

**DOCUMENT # N00000001043**

1. Entity Name

**PONDELLA COMMERCE PARK PROPERTY OWNERS ASSOCIATI**

Principal Place of Business

1500 COLONIAL BLVD.  
 SUITE 217  
 FORT MYERS FL 33907

Mailing Address

1500 COLONIAL BLVD.  
 SUITE 217  
 FORT MYERS FL 33907

2. Principal Place of Business

**P.O. Box 61405**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 61405**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Fort Myers FL**

City & State

**Fort Myers FL**

4. FEI Number

Applied For

☒ Not Applicable

Zip

**33906**

Country

**USA**

Zip

**33906**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**WEISBERG, STEVEN M**  
**1500 COLONIAL BLVD.**  
**SUITE 217**  
**FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name

**Kathy Miller**

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

**18770 Old Bayshore Road**

City

**North Fort Myers**

FL

Zip Code

**33917**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **WEISBERG, STEVEN M**  
 CITY-ST-ZIP **1500 COLONIAL BLVD.**  
**FORT MYERS FL 33907**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BECK, W. KIRK**  
 CITY-ST-ZIP **1500 COLONIAL BLVD.**  
**FORT MYERS FL 33907**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MILLER, KATHY**  
 CITY-ST-ZIP **1500 COLONIAL BLVD.**  
**FORT MYERS FL 33907**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **18770 Old Bayshore Rd**  
 CITY-ST-ZIP **North Fort Myers, FL 33917**

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

TITLE ☐ Change ☐ Addition  
 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:

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

**Kathy Miller**

**4-23-01**

**941-410-8423**

Date Daytime Phone #

CR2E037 (10/00)