

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 18, 2001 8:00 am
Secretary of State

04-30-2001 90068 014 ****61.25

DOCUMENT # N00000002696

1. Entity Name

THE TRADE CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 010~~
FT. MYERS FL 33902

P.O. BOX 610
FT. MYERS FL 33902

2. Principal Place of Business

5651 Halifax Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#5

City & State

Ft. Myers, FL

City & State

Zip

33912

Country

USA

Zip

Country

4. FEI Number

59-3650481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINESETT, RICHARD W
2248 1ST ST.
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROGERO, RICHARD A	
STREET ADDRESS	12378 KELLY SANDS WAY	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DICARLO, DANIEL M JR	
STREET ADDRESS	300 5TH AVE	
CITY-ST-ZIP	HACKETTSTOWN NJ 07840	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROGERO, GLYNNIS M	
STREET ADDRESS	12378 KELLY SANDS WAY	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SINATERO** President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard A. Rogero

4/20/01

Date

(941) 561-3333

Daytime Phone #

CR2E037 (10/00)