

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # N00000003559

1. Entity Name
 COLONIAL EXECUTIVE PARK PROPERTY OWNERS ASSOCIATION, I
 NC.

| | |
|--|--|
| Principal Place of Business % STEVEN W. HUBBARD 2320 FIRST STREET, SUITE 1000 FORT MYERS 33901 FL | Mailing Address % STEVEN W. HUBBARD 2320 FIRST STREET, SUITE 1000 FORT MYERS 33901 FL |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business % WINFIELD PARTNERS II, LLC Suite, Apt. #, etc. 121 WEST 92ND SREET City & State NEW YORK NY Zip 100257576 Country | 3. Mailing Address % WINFIELD PARTNERS II, LLC Suite, Apt. #, etc. 121 WEST 92ND SREET City & State NEW YORK NY Zip 100257576 Country |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 4. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HUBBARD STEVEN W
 2320 FIRST STREET, SUITE 1000
 FORT MYERS FL
 33901

7. Name and Address of New Registered Agent

Name
 HUBBARD STEVEN W
 Street Address (P.O. Box Number is Not Acceptable)
 2320 FIRST STREET
 SUITE 1000
 City
 FORT MYERS FL Zip Code
 33901

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 _____ DATE **04/16/2001**

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 NAME STREET ADDRESS CITY-ST-ZIP | STD BURCHERS BRYAN 314-C TAMIAMI TRAIL PUNTA GORDA FL 33950 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KAHMI MAX 120 WEST 74TH STREET NEW YORK NY 10023 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GABLER CHARLES LJR. 120 WEST 74TH STREET NEW YORK NY 10023 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KAMHI MAX 121 WEST 92ND STREET NEW YORK NY 100257576 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GABLER CHARLES LJR. 35 GRAMATAN COURT BRONXVILLE NY 10708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Max Kamhi** VD 04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)