

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003630

1. Entity Name

UNIVERSITY LAKES OF FORT MYERS, INC.

Principal Place of Business

10481 SIX MILE CYPRESS PKWY.  
FT. MYERS FL 33912

Mailing Address

10481 SIX MILE CYPRESS PKWY.  
FT. MYERS FL 33912

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J  
1833 HENDRY 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**  
**After September 12, 2001, min. will be \$236.25**

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  
NAME CRIMALDI, SAM B  
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY.  
CITY-ST-ZIP FT. MYERS FL 33912 ☐ Delete

TITLE VD  
NAME MCMURRAY, DARIN  
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY.  
CITY-ST-ZIP FT. MYERS FL 33912 ☐ Delete

TITLE STD  
NAME BURNS, ALAN R  
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY.  
CITY-ST-ZIP FT. MYERS FL 33912 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 REQUIRED**

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90006 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

7/20/01

1-941-278-1177