

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000004194**

1. Entity Name

**HEALTHPARK FLORIDA EAST PROPERTY OWNERS ASSOCIAT**

Principal Place of Business

**9800 S. HEALTHPARK DR., SUITE 405  
FT. MYERS FL 33908**

Mailing Address

**9800 S. HEALTHPARK DR., SUITE 405  
FT. MYERS FL 33908**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3667518**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DODSON, DOUGLAS A  
9800 S. HEALTHPARK DR., SUITE 405  
FT. MYERS FL 33908**

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** ☐ Delete  
NAME **BECKETT, JOHN T**  
STREET ADDRESS **9800 S. HEALTHPARK DR., SUITE 405**  
CITY-ST-ZIP **FT. MYERS FL 33908**TITLE **VD** ☐ Delete  
NAME **BEEMER, GEORGE T**  
STREET ADDRESS **9800 S. HEALTHPARK DR., SUITE 405**  
CITY-ST-ZIP **FT. MYERS FL 33908**TITLE **STD** ☐ Delete  
NAME **DODSON, DOUGLAS A**  
STREET ADDRESS **9800 S. HEALTHPARK DR., SUITE 405**  
CITY-ST-ZIP **FT. MYERS FL 33908**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:****THOMAS M. REED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/01**

Date

**941-489-0023**

Daytime Phone #

**FILED  
Feb 19, 2001 8:00 am  
Secretary of State**

02-19-2001 90264 020 \*\*\*\*61.25

**A0024731**

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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