

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90140 015 ****61.25

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1. Entity Name
HEALTHPARK FLORIDA EAST PROPERTY OWNERS ASSOCIATION, INC.

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 & State

City & State

4. FEI Number 59-3667518

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

Suite 208

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Douglas A. Dodson*
Signature, typed or printed name of registered agent and title if applicable.

DOUGLAS A. DODSON, SECRETARY **4/2/03**
(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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BECKETT, JOHN T	
STREET ADDRESS	9800 S. HEALTHPARK DR., SUITE 405	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEEMER, GEORGE T	
STREET ADDRESS	9800 S. HEALTHPARK DR., SUITE 405	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DODSON, DOUGLAS A	
STREET ADDRESS	9800 S. HEALTHPARK DR., SUITE 405	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUITE 208	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUITE 208	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUITE 208	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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: *Douglas A. Dodson* **DOUGLAS A. DODSON, SECRETARY** **4/2/03 (239) 489-0023**

CR2E037 (10/02)