

2001

**REINSTATEMENT**

DOCUMENT # N00000006201

1. Entity Name

VETERANS PARK COMMONS OFFICE BUILDING I CONDOMIN

Principal Place of Business

5455 JAEGER RD  
NAPLES FL 34109

Mailing Address

5455 JAEGER RD  
NAPLES FL 34109

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

☒ Applied For  
☐ Not Applicable5. 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

SOLDAVINI, BRIGID  
5455 JAEGER RD  
NAPLES FL 34109

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)

12/6/2001  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                 |                                 |
|----------------|-----------------|---------------------------------|
| TITLE          | D               | <input type="checkbox"/> Delete |
| NAME           | RYAN, GEORGE JR |                                 |
| STREET ADDRESS | 5455 JAEGER RD  |                                 |
| CITY-ST-ZIP    | NAPLES FL 34109 |                                 |

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | D                | <input type="checkbox"/> Delete |
| NAME           | PARADIS, JAMES F |                                 |
| STREET ADDRESS | 5455 JAEGER RD   |                                 |
| CITY-ST-ZIP    | NAPLES FL 34109  |                                 |

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | D                 | <input type="checkbox"/> Delete |
| NAME           | SOLDAVINI, BRIGID |                                 |
| STREET ADDRESS | 5455 JAEGER RD    |                                 |
| CITY-ST-ZIP    | NAPLES FL 34109   |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |   |
| STREET ADDRESS | 000004726640--8       |   |
| CITY-ST-ZIP    | -12/14/01--01042--023 |   |
|                | ****236.25            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

10/14/2001

94-591-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 10 PM 4:16



REINSTATEMENT DO NOT WRITE IN THIS SPACE

01

C00000006201

# Application for Employer Identification Number

(For use by employers and others, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)  
Keep a copy for your records.

EIN

OMB No. 1545-0003

|  |   |  |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
|--|---|--|--|--|--------------------------------------|---|---|--------------------------------|---|--|---|---|---|--------------------------------|--|---|--|---------------------------|--|---|--|--|--|--|--|--|--|
| <b>1</b> Name of applicant (legal name) (see instructions.)<br>THE CENTRE AT VETERANS PARK OFFICE BUILDING CONDOMINIUM ASSOCIATION   |   |  |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>2</b> Trade name of business (if different from name on line 1)   |   | <b>3</b> Executor, trustee, "care of" name                                       |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>4a</b> Mailing address (street address) (room, apt., or suite no.)<br>555 JAEGER ROAD   |   | <b>5a</b> Business address (if different from address on lines 4a and 4b)        |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>4b</b> City, state, and ZIP code<br>NAPLES, FLORIDA 34109   |   | <b>5b</b> City, state, and ZIP code  |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>6</b> County and state where principal business is located<br>COLLIER COUNTY, FLORIDA   |   |  |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>7</b> Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions)<br>GEORGE RYAN JR.- PRESIDENT 317-58-3012   |   |  |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>8a</b> Type of entity (Check only one box.) (See instructions)<br>Caution: If applicant is a limited liability company, see instructions for line 8a.<br><table border="0"><tr><td><input type="checkbox"/> Sole Proprietor (SSN)</td><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Personal service corp.</td><td><input type="checkbox"/> Estate (SSN of decedent)</td></tr><tr><td><input type="checkbox"/> REMIC</td><td><input type="checkbox"/> National Guard</td><td><input checked="" type="checkbox"/> Other corporation (specify) <b>CHAPTER S</b></td><td><input type="checkbox"/> Plan administrator (SSN)</td></tr><tr><td><input type="checkbox"/> State/local government</td><td><input type="checkbox"/> Farmers' cooperative</td><td><input type="checkbox"/> Trust</td><td><input type="checkbox"/> Federal government/military</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td></td><td colspan="2">(enter GEN if applicable)</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify)</td><td></td><td colspan="2"></td></tr><tr><td><input type="checkbox"/> Other (specify)</td><td></td><td colspan="2"></td></tr></table> |   |  |  | <input type="checkbox"/> Sole Proprietor (SSN) | <input type="checkbox"/> Partnership | <input type="checkbox"/> Personal service corp. | <input type="checkbox"/> Estate (SSN of decedent) | <input type="checkbox"/> REMIC | <input type="checkbox"/> National Guard | <input checked="" type="checkbox"/> Other corporation (specify) <b>CHAPTER S</b> | <input type="checkbox"/> Plan administrator (SSN) | <input type="checkbox"/> State/local government | <input type="checkbox"/> Farmers' cooperative | <input type="checkbox"/> Trust | <input type="checkbox"/> Federal government/military | <input type="checkbox"/> Church or church-controlled organization |  | (enter GEN if applicable) |  | <input type="checkbox"/> Other nonprofit organization (specify) |  |  |  | <input type="checkbox"/> Other (specify) |  |  |  |
| <input type="checkbox"/> Sole Proprietor (SSN)   | <input type="checkbox"/> Partnership          | <input type="checkbox"/> Personal service corp.                                  | <input type="checkbox"/> Estate (SSN of decedent)    |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> REMIC   | <input type="checkbox"/> National Guard       | <input checked="" type="checkbox"/> Other corporation (specify) <b>CHAPTER S</b> | <input type="checkbox"/> Plan administrator (SSN)    |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> State/local government  | <input type="checkbox"/> Farmers' cooperative | <input type="checkbox"/> Trust   | <input type="checkbox"/> Federal government/military |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> Church or church-controlled organization  |   | (enter GEN if applicable)  |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> Other nonprofit organization (specify)  |   |  |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> Other (specify)   |   |  |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated<br>FLORIDA  |   | Foreign country  |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>9</b> Reason for applying (Check only one box.) (see instructions)<br><input checked="" type="checkbox"/> Started new business (specify type)<br><input type="checkbox"/> Banking purpose (specify)<br><input type="checkbox"/> Changed type of organization (specify new type)<br><input type="checkbox"/> Purchased going business<br><input type="checkbox"/> Created a trust (specify type)<br><input type="checkbox"/> Other (specify)<br><input type="checkbox"/> Hired employees (Check the box and see line 12.)<br><input type="checkbox"/> Created a pension plan (specify type)  |   |  |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>10</b> Date business started or acquired (mo., day, year) (see instructions.)<br>9/13/2000  |   | <b>11</b> Closing month of accounting year (see instructions)<br>12/31/00        |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>12</b> First date wages or annuities were paid or will be paid (mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (mo., day, year)<br>N/A  |   |  |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>13</b> Enter highest number of employees expected in the next 12 months.<br>Note: If the applicant does not expect to have any employees during the period, enter -0-.  |   | Nonagricultural<br>N/A   | Agricultural<br>N/A                                  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>14</b> Principal activity (see instructions.)<br>CONDOMINIUM ASSOCIATION  |   |  |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>15</b> Is the principal business activity manufacturing?<br>If "Yes," principal product and raw material used   |   | <input type="checkbox"/> Yes   | <input checked="" type="checkbox"/> No               |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>16</b> To whom are most of the products or services sold? Please check one box.<br><input checked="" type="checkbox"/> Public (retail)<br><input type="checkbox"/> Business (wholesale)<br><input type="checkbox"/> Other (specify)   |   | <input type="checkbox"/> N/A   |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>17a</b> Has the applicant ever applied for an employer ID number for this or any other business?<br>Note: If "Yes" please complete lines 17b and 17c.   |   | <input type="checkbox"/> Yes   | <input checked="" type="checkbox"/> No               |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>17b</b> If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different than from line 1 or 2 above.<br>Legal name Trade name   |   |  |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |
| <b>17c</b> Approximate date when and city and state where the application was filed. Enter previous employer ID number if known.<br>Approximate date when filed (mo. day, year) City and state where filed Previous EIN  |   |  |  |  |                                      |   |   |                                |   |  |   |   |   |                                |  |   |  |                           |  |   |  |  |  |  |  |  |  |

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)  
(941) 591-4747

Fax telephone number (include area code)  
(941) 591-2991

Name and title (Please type or print clearly.)  
GEORGE RYAN JR.-PRESIDENT

Signature *George Ryan Jr.* Date 10/23/2001

Note: Do not write below this line. For official use only.

|                    |      |      |       |      |                     |
|--------------------|------|------|-------|------|---------------------|
| Please leave blank | Geo. | Ind. | Class | Size | Reason for applying |
|--------------------|------|------|-------|------|---------------------|