

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

03-17-2003 90062 016 ****61.25

DOCUMENT # NO2000007479

1. Entity Name

ALICO COMMERCE CENTER OWNERS' ASSOCIATION, INC.



Principal Place of Business

999 9TH STREET SOUTH SUITE 109
NAPLES FL 34102-8200

Mailing Address

999 9TH STREET SOUTH SUITE 109
NAPLES FL 34102-8200

2. Principal Place of Business

3400 Fort Charles Drive

Suite, Apt. #, etc.

3. Mailing Address

3400 Fort Charles Drive

Suite, Apt. #, etc.

City & State
Naples FL

City & State
Naples, FL

4. FEI Number

06-1690045

Applied For

Not Applicable

Zip
34102

Country
U.S.A.

Zip
34102

Country
U.S.A.

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

VAN METER, WILLIAM B
999 9TH STREET SOUTH SUITE 109
NAPLES FL 34102-8200

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

SIGNATURE

William B. Van Meter

3-5-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **VAN METER, WILLIAM B**
STREET ADDRESS **999 9TH STREET SOUTH SUITE 109**
CITY-ST-ZIP **NAPLES FL 34102-8200**

TITLE **OV** ☐ Delete
NAME **BUNDSCHU, CHRIS**
STREET ADDRESS **6700-A DANIELS PARKWAY**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **DTS** ☒ Delete
NAME **BUNDSCHU, GAYLE**
STREET ADDRESS **6700-A DANIELS PARKWAY**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **Van Meter, William B.**
STREET ADDRESS **3400 Fort Charles Drive**
CITY-ST-ZIP **~~Fort Myers, FL 34102~~ Naples, FL 34102**

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

TITLE **DTS** ☒ Change ☒ Addition
NAME **Williams, Sonja**
STREET ADDRESS **3400 Fort Charles Drive**
CITY-ST-ZIP **Naples, FL 34102**

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

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

TITLE ☐ 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:

William B. Van Meter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-03

Date

239-659-2582

Daytime Phone #

CR2E037 (10/02)