

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02996

1. Entity Name

FIFTH AVENUE TOWNHOUSES CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

C/O DONALD DIRUSSO
2363 CORAL POINT DRIVE
CAPE CORAL FL 33990

C/O DONALD DIRUSSO
2363 CORAL POINT DRIVE
CAPE CORAL FL 33990-3812

2. Principal Place of Business

3. Mailing Address

C/O BIGLEY

C/O BIGLEY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2657 8th AVENUE

2657 8th AVENUE

City & State

City & State

ST. JAMES CITY

ST. JAMES CITY

Zip

Country

Zip

Country

33956

LEE

FL 33956

LEE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIRUSSO, DONALD
2363 CORAL POINT DR.
CAPE CORAL FL 33990

Name

JOSEPH S. BIGLEY

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

2657 8th AVENUE

City

ST. JAMES CITY

FL

Zip Code

33956

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DIRUSSO, DONALD	
STREET ADDRESS	2363 CORAL POINT DR.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	DIRUSSO, SHIRLEY	
STREET ADDRESS	2363 CORAL POINT DR	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIRUSSO, DOMINIC	
STREET ADDRESS	502 #1 S.E. 43RD ST.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
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	PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH S. BIGLEY	
STREET ADDRESS	2657- 8th AVENUE	
CITY-ST-ZIP	ST. JAMES CITY, FL 33956	
TITLE	SECRETARY - DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANE R. BIGLEY	
STREET ADDRESS	2657- 8th AVENUE	
CITY-ST-ZIP	ST. JAMES CITY, FL 33956	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT BATTISTI	
STREET ADDRESS	4302 SE 5th AVE #2	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
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 all other like empowered.

SIGNATURE:

JOSEPH S. BIGLEY, PRESIDENT

JOSEPH S. BIGLEY 1-31-2000 & (941)282-5576

Date

Daytime Phone #

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90026 018 ****61.25

02-21-2000 90032 028 ****35.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2448317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)