

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08356

1. Entity Name

DOCTORS PROFESSIONAL BUILDING CONDOMINIUM ASSOCI

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90039 014 \*\*\*\*61.25

Principal Place of Business

150 9TH ST N  
NAPLES FL 34102  
US

Mailing Address

681 GOODLETTE ROAD N  
#130  
NAPLES FL 34102  
US

00003187



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2533386

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

HUSSEY, ORVILLE H  
150 TAMiami TR N  
NAPLES FL 33940

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME  
D  
HUSSEY, KEITH P.  
STREET ADDRESS  
150 9TH STREET N  
CITY-ST-ZIP  
NAPLES FL

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

TITLE ☐ Delete  
NAME  
STD  
ZAMPOGNA, ANTONINO G.  
STREET ADDRESS  
150 9TH STREET N  
CITY-ST-ZIP  
NAPLES FL

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

TITLE ☐ Delete  
NAME  
T  
ZAMPOGNA, MARIA  
STREET ADDRESS  
150 9TH ST NORTH  
CITY-ST-ZIP  
NAPLES FL

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

TITLE ☐ Delete  
NAME  
D  
WIESEN, SCOTT L.  
STREET ADDRESS  
150 9TH ST. N.  
CITY-ST-ZIP  
NAPLES FL

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

TITLE ☐ Delete  
NAME  
D  
MECKSTROTN, STEVEN  
STREET ADDRESS  
150 9TH ST. N.  
CITY-ST-ZIP  
NAPLES FL

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

TITLE ☐ Delete  
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:

**SIGNATURE REQUIRED**

KEITH P. HUSSEY 1-16

941-649-1037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)