

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11059

1. Entity Name

BETART ESTATES PROPERTY OWNERS ASSOCIATION, INC. ✓

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90156 005 \*\*\*\*61.25

Principal Place of Business

3551 GORDON DRIVE  
NAPLES FL 34102  
US

Mailing Address

3551 GORDON DRIVE  
NAPLES FL 34102  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0027035

Applied For

Not Applicable

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

~~DIXON, JOHN~~  
~~3551 GORDON DRIVE~~  
~~NAPLES FL 34102~~

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**

**After September 13, 2000 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 ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
DIXON, KATHY  
3551 GORDON DR  
NAPLES FL 34102

TITLE ☒ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
LENZ, MICHAEL  
3539 GORDON DRIVE  
NAPLES FL

TITLE ☒ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
HALL, GRAHAM  
22916 LAKE RD  
BAY VILLAGE OH 44140

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
DIXON, JOHN  
3551 GORDON DR  
NAPLES FL 34102

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)