

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11414

1. Entity Name

THE GARDEN PATIOS OF CAPE CORAL CONDOMINIUM ASSO

Principal Place of Business

Mailing Address

% PROFESSIONALLY YOURS. INC.
P.O. BOX 831
CAPE CORAL FL 33910

% PROFESSIONALLY YOURS. INC.
P.O. BOX 831
CAPE CORAL FL 33910-0700

2. Principal Place of Business

3. Mailing Address

P.O. BOX 100831

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CAPE CORAL, FL

Zip

Country

Zip
33910

Country

U.S.A.

4. FEI Number

59-2645960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSON, BARBARA
1342 SE 46TH LANE #3
CAPE CORAL FL 33904

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
STREET ADDRESS COLVER, DAYTON
CITY-ST-ZIP 3828 SW 8TH COURT #106
CAPE CORAL FL

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS BURKE, RICHARD
CITY-ST-ZIP 3914 SW 8TH CT #104
CAPE CORAL FL 33914

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

TITLE ☒ Delete
NAME D
STREET ADDRESS DE CAUSSIN, ROBERT
CITY-ST-ZIP 16998 KINGSBROOKE
MT. CLEMENS MI

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS SPADAFORA, TOM
CITY-ST-ZIP 2105 DIXIE HIGHWAY
HAMILTON, OH 45011

TITLE ☐ Delete
NAME PD
STREET ADDRESS BOYLAN, JAMES
CITY-ST-ZIP 3828 SW 8TH COURT #107
CAPE CORAL FL

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

TITLE ☒ Delete
NAME SD
STREET ADDRESS ADAMUS, SANDRA
CITY-ST-ZIP 14828 ASTER
ALLEN PARK MI

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS RAMLOW, ARLENE
CITY-ST-ZIP 3915 SW 9TH avenue 117
CAPE CORAL, FL 33914

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 of Robert DeCausin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.00

Date

Daytime Phone #