

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23699

1. Entity Name

MARTIN-STILLMAN BUILDING CONDOMINIUM ASSOCIATION

Principal Place of Business

975 SIXTH AVENUE SOUTH
NAPLES FL 34102
US

Mailing Address

975 SIXTH AVENUE SOUTH
NAPLES FL 34102-6753
US

2. Principal Place of Business

SAME

3. Mailing Address

New
468 CRESTWOOD LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Naples, FL.

4. FEI Number

65-0011844

Applied For

Not Applicable

Zip

Country

Zip

34113

Country

USA.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JAMES L.
975 SIXTH AVE. SOUTH
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

A. Eugene Stillman

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

468 CRESTWOOD LANE

City

Naples,

FL

Zip Code

34113

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

A Eugene Stillman

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

TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, JAMES L.	
STREET ADDRESS	975 SIXTH AVE. SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	STILLMAN, EUGENE A.	
STREET ADDRESS	975 SIXTH AVE. SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, LORENE K	
STREET ADDRESS	975 SIXTH AVE SO	
CITY-ST-ZIP	NAPLES FL 34102	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILLMAN, A. Eugene	
STREET ADDRESS	468 CRESTWOOD LANE	
CITY-ST-ZIP	Naples, FL 34113	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stillman, Betty Jane	
STREET ADDRESS	468 CRESTWOOD LN.	
CITY-ST-ZIP	Naples, FL 34113	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miller, Judith	
STREET ADDRESS	6 Birchwood Ct.	
CITY-ST-ZIP	West Windsor, N.J. 08560	
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:

A Eugene Stillman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00

Date

941-793-4410

Daytime Phone #

CR2E037 (9/99)