

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90064 021 \*\*\*\*61.25

0683140

**DOCUMENT # N24074**

1. Entity Name

**REVELS SUBDIVISION PROPERTY OWNERS ASSOCIATION.**

Principal Place of Business

Mailing Address

201 REVELS COURT N.W.  
 P.O. BOX B12  
 BOCA GRANDE FL 33921

201 REVELS COURT N.W.  
 P.O. BOX B12  
 BOCA GRANDE FL 33921

00003980



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0048481**

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

**SEIDENSTICKER, PATRICIA**  
**201 REVELS COURT N.W.**  
**BOCA GRANDE FL 33921**

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 **PD**  Delete  
 NAME **FARROW, EDWARD**  
 STREET ADDRESS **214 REVELS CT N.W.**  
 CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **REVELS, GREG**  
 STREET ADDRESS **1265 SORRENTO WOODS BLVD**  
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD**  Delete  
 NAME **SEIDENTSTICKER, PATRICIA**  
 STREET ADDRESS **201 REVEL COURT N.W.**  
 CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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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: **PATRICIA SEIDENSTICKER**  
*Patricia Seidensticker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941 964  
 Jan 8, 2001 0115

Date

Daytime Phone #

CR2E037 (10/00)