

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26533

1. Entity Name

INTERSTATE PARK 78 PROPERTY OWNERS ASSOCIATION,

Principal Place of Business

10501 6 MILE CYPRESS PKWY
STE 107
FT. MYERS FL 33912
US

Mailing Address

10501 6 MILE CYPRESS PKWY
STE 107
FT. MYERS FL 33912
US

2. Principal Place of Business

3. Mailing Address

10491 Six Mile Cypress
#207

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0119355

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

STATES, JOHN E.

10501 6 MILE CYPRESS PKWY #207
STE 107
FT. MYERS FL 33912

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
NAME STATES, JOHN E.
STREET ADDRESS 10501 6 MILE CYPRESS PKWY #107
CITY-ST-ZIP FT. MYERS FL ☐ Delete

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

TITLE D
NAME STATES, E. D
STREET ADDRESS 10501 SIX MILE CYPRESS PKWY, #107
CITY-ST-ZIP FT MYERS FL ☐ Delete

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

TITLE D
NAME DAWSON, TERRI
STREET ADDRESS 10501 6 MILE CYPRESS PKWY #107
CITY-ST-ZIP FT. MYERS FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME STATES, AMY C
STREET ADDRESS 10491 Six mile Cypress #207
CITY-ST-ZIP FT MYERS FL 33912 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

1-11-01

941-278-5800

Date

Daytime Phone #

CR2E037 (10/00)