

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27761

1. Entity Name

WORLD PLAZA OFFICE CONDOMINIUM ASSOCIATION III,

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90106 048 ****61.25

Principal Place of Business

Mailing Address

7370 COLLEGE PARKWAY
210
FORT MYERS FL 33907
US

PO BOX 07307
FORT MYERS FL 33919-0291
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0060676

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

TERMOTTO, ROBERT J.
7370 COLLEGE PARKWAY
SUITE 210
FT. MYERS FL 33907

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 VSTD ☐ Delete
NAME TERMOTTO, ROBERT J
STREET ADDRESS P.O. BOX 07307
CITY-ST-ZIP FT. MYERS FL 33919

TITLE PSTD ☒ Change ☐ Addition
NAME TERMOTTO, ROBERT J
STREET ADDRESS P.O. BOX 07307
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE PD ☒ Delete
NAME JODER, MARJORIE J
STREET ADDRESS PO BOX 07307 NA
CITY-ST-ZIP FORT MYERS FL

TITLE D ☐ Change ☒ Addition
NAME DER HAGOPIAN, DAVID
STREET ADDRESS P.O. BOX 07307
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE D ☐ Delete
NAME BUSTELO, LUIS
STREET ADDRESS PO BOX 07307 NA
CITY-ST-ZIP FORT MYERS FL

TITLE VD ☒ Change ☐ Addition
NAME BUSTELO, LUIS F
STREET ADDRESS P.O. BOX 07307
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

941-936-3336

Daytime Phone #

CR2E037 (9/99)