## 2000 UNIFORM BUSINESS REPORT (UBR)

PO BOX 07307

## **DOCUMENT # N27761** WORLD PLAZA OFFICE CONDOMINIUM ASSOCIATION III. Mailing Address Principal Place of Business

7370 COLLEGE PARKWAY

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

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

Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  \$8.75 Additional  Fee Required  Street Address of Name and Address of Current Registered Agent  Name  TERMOTTO, ROBERT J.  7370 COLLEGE PARKWAY  SUITE 210  FIL MYERS FL 33907  S. The above named antity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida.  SIGNATURE  FILE NOW:  FEE IS \$61.25  TRUST Fund Contribution.  Added to Fees  Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TERMOTTO, ROBERT J.  TERMOTTO, ROBERT	210 FORT MYERS I US	FL 33907		FORT MYERS FL 33919 US	<del>)</del> -029t			 	E!E !!E!!					
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  S. 7. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  TERMOTTO, ROBERT J.  7370 COLLEGE PARKWAY  SUITE 210  TI. MYERS FL 33907  S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Flor da.  SIGNATURE  FILE NOW: FEE IS \$61.25  S. FOR May Be Address 10 OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 10  TERMOTTO, ROBERT J.  PO. BOX 07307  TITLE  PO. BOX 07307  FORT MYERS FL 33919  TILE  PO. BOX 07307  TITLE  PO. BOX 07307  FORT MYERS, FL 33919  TITLE  PO. BOX 07307 NA  CITY-ST-7P  FORT MYERS FL  Delete  TITLE  NAME  SIRET ADDRESS  PO BOX 07307 NA  CITY-ST-7P  FORT MYERS FL  Delete  TITLE  NAME  SIRET ADDRESS  PO BOX 07307 NA  CITY-ST-7P  FORT MYERS, FL 33919  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-ST-7P  FORT MYERS, FL 33919  CITY-ST-7P  CITY-ST-7P  FORT MYERS  CITY-ST-7P  FORT MYERS  CITY-ST-7P  CITY-ST-7P  FORT MYERS  CITY-ST-7P  CITY-ST-7P  FORT MYERS  CITY-ST	2. Principal P	lace of Busine	ess	3. Mailing Address	3. Mailing Address									
Signature   Sign	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT WRIT	re in this s	PACE			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name    Name	City & State	e		City & State	City & State			4. FEI Number 65-0060676			- <del></del>	oplied For ot Applicable		
TERMOTTO, ROBERT J. 7370 COLLEGE PARKWAY SUITE 210 FT. MYERS FL 33907  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 Florda.  SIGNATURE    Signature   Signature   Image:   Signature	Zip		Country	Zip	Co	ountry		5. Certificate	of Status Desired					
TERMOTTO, ROBERT J. 7370 COLLEGE PARKWAY SUITE 210 FT. MYERS FL 33907  6. 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 presed name of registered agent and title if applicable   (NOTE Registered Agent signature required when renetating)   DATE		6. Name	and Address of Curre	nt Registered Agent				7. Name and	Address of New R	egistered A	gent			
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.    Signatrure						Name								
FT. MYERS FL 33907  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 late if appliciable   (NOTE Registered Agent signature required when renatianny)   DATE	7370 COL	LEGE PARK				Street A	ddress (F	P.O. Box Numbe	r is Not Acceptable	)				
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    FILE NOW:								City Zip Code						
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TITLE VSTD Delete TITLE NAME TERMOTTO, ROBERT J NAME STREET ADDRESS CITY-ST-ZIP PO BOX 07307 FT. MYERS FL 33919  TITLE PD XXI Delete TITLE DELETE ADDRESS CITY-ST-ZIP FORT MYERS, FL 33919  TITLE PD STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33919  TITLE D DELETE	SIGNATURE _	FILE I	NOW:	9. Election Campa	aign Financ	oing _	\$5.0	<b>0</b> May Be		e Check F				
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12. I hereby certify that the information supplied with this filling 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 rule and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or the constitute and accurate and that my signature shall have the Statutes; and that my rappa appears in Block 10 or Block		<u> </u>												

SIGNATURE:

4-26-00

941-936-3336