

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29400

1. Entity Name

WILSHIRE WALK II COMMERCIAL CONDOMINIUM ASSOCIAT

Principal Place of Business

425 CROSS ST
SUITE 213
PUNTA GORDA FL 33950
US

Mailing Address

425 CROSS ST
SUITE 213
PUNTA GORDA FL 33950-4872
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0034348

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

ONUSHCO, DEBORAH A
425 CROSS STREET
SUITE 213
PUNTA GORDA FL 33950

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 ONUSHCO, DEBORAH A
STREET ADDRESS 425 CROSS STREET, SUITE 213
CITY-ST-ZIP PUNTA GORDA FL ☐ Delete

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

TITLE SD
NAME ROWAN, BERNARD E
STREET ADDRESS 425 CROSS ST.UNIT 216
CITY-ST-ZIP PUNTA GORDA FL ☐ Delete

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

TITLE TD
NAME ERMER, WILLIAM F SR
STREET ADDRESS 195 BAYSHORE CT P.O. BOX 510879
CITY-ST-ZIP PUNTA GORDA FL ☒ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

DEBORAH A. ONUSHCO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00 941-637-8551



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)