

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40742

1. Entity Name

MCCOMB LANE MAINTENANCE ASSOCIATION, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90038 001 ****61.25

Principal Place of Business

Mailing Address

3566 MCCOMB LANE
BONITA SPRINGS FL 34134
US

3566 MCCOMB LANE
BONITA SPRINGS FL 34134-7543
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

65-0227393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON, BONNIE J.
3566 MCCOMB LANE
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

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

Bonnie J. Johnson Bonnie J. Johnson Sec. 3-20-00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	WURSTER, GLEN	
STREET ADDRESS	3705 MCCOMB LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, RICHARD	
STREET ADDRESS	3566 MCCOMB LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, BONNIE	
STREET ADDRESS	3566 MCCOMB LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	EDELSTEIN, SOLOMON	
STREET ADDRESS	P.O. BOX 732 N/A	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Bonnie J. Johnson Bonnie J. Johnson 3-20-00 941-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
992-6684

CR2E037 19/99