

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-15-2001 90163 043 ****61.25

DOCUMENT #N93000000207

1. Entity Name

McMar Property Owners Assoc, INC (W)

Principal Place of Business

Mailing Address

*1110 Oleander St. West
 Englewood FL 34223*

2. Principal Place of Business

3. Mailing Address

1110 Oleander St W 1110 Oleander St W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Englewood FL

Englewood FL

4. FEI Number

Applied For

39-6600214

Not Applicable

Zip

Country

Zip

Country

34223

Sarasota

34223

Sarasota

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

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 renewing)

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 *President* ☒ Delete
 NAME *Stephen Butalla*
 STREET ADDRESS *1110 Oleander St.*
 CITY-ST-ZIP *Englewood FL 34223*

TITLE *President* ☒ Change ☐ Addition
 NAME *John Fitzgerald D*
 STREET ADDRESS *1125 Oleander St. W.*
 CITY-ST-ZIP *Englewood FL 34223*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *Board Member* ☐ Change ☒ Addition
 NAME *August Geiss*
 STREET ADDRESS *1120 Oleander St*
 CITY-ST-ZIP *Englewood FL 34223*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *Board Member* ☐ Change ☒ Addition
 NAME *Take Gess*
 STREET ADDRESS *1030 Tennessee Ave*
 CITY-ST-ZIP *Englewood FL 34223*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE *Board Member* ☐ Change ☒ Addition
 NAME *Jane Zuka*
 STREET ADDRESS *1105 Oleander St. W.*
 CITY-ST-ZIP *Englewood FL 34223*

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 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 817, 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: *Mary Lou Butalla* *Mary Lou Butalla Secretary* 4/20/01 413-9791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

Attachment
D#N930000507 [P-Y]

Perini Navi S.P.A.
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