

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90001 022 ****61.25

DOCUMENT # N93000000207

1. Entity Name

MICMAR PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1110 OLEANDER ST WEST
ENGLEWOOD FL 34223
US**

**1110 OLEANDER ST WEST
ENGLEWOOD FL 34223
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

39-6600214

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

**GUNDERSON, MIKO P
1861 PLACIDA ROAD
SUITE 104
ENGLEWOOD FL 34223**

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	<input checked="" type="checkbox"/> Delete
NAME	FITZGERALD, JOHN	
STREET ADDRESS	1125 OLEANDER ST W.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	BMT	<input checked="" type="checkbox"/> Delete
NAME	GEISS, AUGUST	
STREET ADDRESS	1120 OLEANDER ST	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	BMT	<input checked="" type="checkbox"/> Delete
NAME	GEISS, JAKE	
STREET ADDRESS	1030 TENNESSEE AVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	ZUKA, JANE	
STREET ADDRESS	1105 OLEANDER ST W.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEISS, AUGUST	
STREET ADDRESS	1120 Oleander St W	
CITY-ST-ZIP	Englewood FL 34223	
TITLE	BMT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen P Butella	
STREET ADDRESS	1110 Oleander St W	
CITY-ST-ZIP	Englewood FL 34223	
TITLE	BMT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Armando Tatis	
STREET ADDRESS	1070 Oleander St W	
CITY-ST-ZIP	Englewood FL 34223	
TITLE	BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julie Peretz	
STREET ADDRESS	1100 Oleander St W	
CITY-ST-ZIP	Englewood FL 34223	
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		
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: *August Geiss* **3-11-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)