

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003088

1. Entity Name

HAMILTON AND LUCKETT OWNERS' ASSOCIATION, INC.

Principal Place of Business

5900 ENTERPRISE PARKWAY  
FORT MYERS FL 33905

Mailing Address

5900 ENTERPRISE PARKWAY  
FORT MYERS FL 33905-5003

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

65-0426510

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

BUNDSCHU, CHRIS  
5900 ENTERPRISE PARKWAY  
FORT MYERS FL 33905

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 NAME	PD BUNDSCHU, CHRIS	<input type="checkbox"/> Delete
STREET ADDRESS	5900 ENTERPRISE PARKWAY	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE NAME	VSTD BUNDSCHU, GAYLE	<input type="checkbox"/> Delete
STREET ADDRESS	5900 ENTERPRISE PARKWAY	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE NAME	VD BUNDSCHU, CHUCK	<input type="checkbox"/> Delete
STREET ADDRESS	8510 GRANITE CT	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90074 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)