

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003088

1. Entity Name

HAMILTON AND LUCKETT OWNERS' ASSOCIATION, INC.

FILED

Apr 22, 2002 8:00 am  
Secretary of State

04-22-2002 90177 015 \*\*\*\*61.25

Principal Place of Business

6700-1 DANIELE PKWY  
FORT MYERS FL 33912

Mailing Address

6700-1 DANIELE PKWY  
FORT MYERS FL 33912

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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  
6700-1 DANIELS PKWY  
FORT MYERS FL 33912

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 BUNDSCHU, CHRIS  
STREET ADDRESS 6700-1 DANIELS PKWY  
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

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

TITLE VSTD  
NAME BUNDSCHU, GAYLE  
STREET ADDRESS 6700-1 DANIELS PKWY  
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

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

TITLE VD  
NAME BUNDSCHU, CHUCK  
STREET ADDRESS 8510 GRANITE CT  
CITY-ST-ZIP FORT MYERS FL 33908 ☒ Delete

TITLE VD  
NAME KEVIN SHATTO  
STREET ADDRESS P.O. Box 50279  
CITY-ST-ZIP FORT MYERS, FL 33997 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gayle Bundschu

4/10/02 941-693-1000 x51

Date

Daytime Phone #

CR2E037 (9/01)