

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000855

1. Entity Name

N.T.T. LOT OWNERS' ASSOCIATION, INC.

Principal Place of Business

POST OFFICE BOX 61605
FT MEYERS FL 33906

Mailing Address

POST OFFICE BOX 61605
FT MEYERS FL 33906

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BECK, W. KIRK
1329 MELALEUCA LANE
FORT MYERS FL 33901

Melaleuca

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 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 DPST ☐ Delete
NAME BECK, W. KIRK
STREET ADDRESS 1329 MELALEUCA LANE *MELALEUCA*
CITY-ST-ZIP FORT MYERS FL 33901

TITLE DVP ☐ Delete
NAME WEATHERS, ERNEST W
STREET ADDRESS 1533 HENDRY STREET, SUITE 100
CITY-ST-ZIP FORT MYERS FL 33901

TITLE D ☐ Delete
NAME MILLER, KATHY
STREET ADDRESS 18770 OLD BAYSHORE ROAD
CITY-ST-ZIP NORTH FORT MEYERS FL 33917

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1329 melaleuca lane
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
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 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:

Kathy Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-02

941-543-9690

Date

Daytime Phone #

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90079 017 *****61.25

B0044584



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/01)