

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004142

1. Entity Name

SOUTHBRIDGE CONDOMINIUM NO. 4 ASSOCIATION, INC.

Principal Place of Business

PEGASUS PROPERTY MANAGEMENT, INC.
19850 BRECKENRIDGE DRIVE, SUITE A
ESTERO FL 33928

Mailing Address

PEGASUS PROPERTY MANAGEMENT, INC.
19850 BRECKENRIDGE DRIVE, SUITE A
ESTERO FL 33928-2183

3. Mailing Address

Pegasus Property Management Inc.
17595 South Tamiami Trail #200-2
Fort Myers, FL 33908

Zip

Country

6. Name and Address of Current Registered Agent

STILSON, BRABARA A
PEGASUS PROPERTY MANAGEMENT
13400 S CLEVELAND AVE #203
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0851516
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Stilson, Barbara
Pegasus Property Management Inc.
17595 South Tamiami Trail #200-2
Fort Myers, FL 33908

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

Barbara A Stilson

4/19/00

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 NAME STREET ADDRESS CITY - ST - ZIP	DV LOOMIS, ROBERT 564 CHOPTANK COVE ANNAPOLIS MD 21401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SLAW, STEVE 41 W 565 HUNTERS HILL DRIVE ST CHARLES IL 60175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MOYER, SIDNEY 3510 BOAALYBRIDGE CIRCLE #202 BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BARBARA KECK 3490 BALLYBRIDGE CIR #202 BONITA SPRINGS FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STEVE SLAW 3510 BALLYBRIDGE CIR #103 BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Signature President Steve Slaw

3/28/00

847-844-3765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)