2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N94000004803** Jan 20, 2000 8:00 am Secretary of State 1. Entity Name BETHANY TRACE OWNERS' ASSOCIATION, INC. 01-20-2000 90236 040 ****61.25 Principal Place of Business Mailing Address C/O MARQUIS MANAGEMENT. INC. C/O MARQUIS MANAGEMENT. INC. 9400 GLADIOLUS DR #100 9400 GLADIOLUS DR #100 FT. MYERS FL 33908 FT. MYERS FL 33908-6698 US 2. Principal Place of Business 3. Mailing Address ارزاني ليشرف المساجة بأأنا جهارا التسخمان Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0523184 Not Applicable , -2 Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired · 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ALLISON, JANET TO 10月5 226 E JOEL BLVD LEHIGH ACRES FL 33972 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME ALLISON, JANET STREET ADDRESS STREET ADDRESS 226 E JOEL BLVD CITY-ST-ZIP CITY-ST-ZIP **LEHIGH ACRES FL 33972** ☐ Change ☐ Addition VTD ☐ Delete TITLE NAME----NATIELLO, JOHN NAME STRĚÉT ADDRÉSS STREET ADDRESS 226 E JOEL BLVD CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL 33972 □ Delete TITLE ☐ Change ☐ Addition TITLE DOWNS, SUE NAME STREET ADDRESS STREET ADDRESS 226 E JOEL BLVD CITY-ST-ZIP CITY-ST-ZIP **LEHIGH ACRES FL 33972** ☐ Change ☐ Delete □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P -610 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

