

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002300

1. Entity Name

QUATRO BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2009 TRADE CENTER WAY
NAPLES FL 34109
US

Mailing Address

2009 TRADE CENTER WAY
NAPLES FL 34109
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0854070

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOVAK, DENISE
2011 TRADE CENTER WAY
NAPLES FL 34109

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

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME KILLEN, THOMAS E.
STREET ADDRESS 2009 TRADE CENTER WAY
CITY-ST-ZIP NAPLES FL ☒ Delete

TITLE PTD
NAME NOVAK, MIKE
STREET ADDRESS 2011 TRADE CENTER WAY
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE VSD
NAME NOVAK, DENISE
STREET ADDRESS 2011 TRADE CENTER WAY
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE D
NAME LARM DEMMINK
STREET ADDRESS 1225 HAYES ST.
CITY-ST-ZIP MARNE MI ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 all other like empowered.

SIGNATURE:

(SIGNATURE REQUIRED)

Denise Novak 7/20/01 941-514-490

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90001 046 ****61.25

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DO NOT WRITE IN THIS SPACE

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