

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002865

1. Entity Name

BUCCANEER HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90120 013 ****70.00

Principal Place of Business

Mailing Address

BUCCANEER ESTATES
2210 TAMiami TRAIL
NORTH FORT MYERS FL 33917
US

~~828 CALAMONDIN CT~~
~~NORTH FORT MYERS FL 33917-2802~~
US

2. Principal Place of Business

3. Mailing Address

963 Avanti Way Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State
North Ft Myers FL

4. FEI Number

65-0720458

Applied For

Not Applicable

Zip

Country

Zip
33917

Country
USA

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

KORP, WILLIAM R ESQUIRE
333 SOUTH TAMiami TRAIL
SUITE 199
VENICE FL 34285

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 P ☒ Delete
NAME GAYLORD, TOM
STREET ADDRESS 363 JOSE GASPAR DR
CITY-ST-ZIP NORTH FT. MYERS FL 33917

TITLE P ☒ Change ☐ Addition
NAME DEVINE, Joseph
STREET ADDRESS 688 Brigantine Blvd
CITY-ST-ZIP No Ft Myers, FL 33917

TITLE SVP ☒ Delete
NAME MILLIGAN, SHIRLEY
STREET ADDRESS 300 BLUE BEARD DR
CITY-ST-ZIP N. FORT MYERS FL 33917

TITLE SVP ☒ Change ☐ Addition
NAME WALKER, Vivian
STREET ADDRESS 352 Jose Gaspar Dr
CITY-ST-ZIP No Ft Myers, FL 33917

TITLE D ☒ Delete
NAME ISHLER, ANN
STREET ADDRESS 564 PLAZA DEL SOL
CITY-ST-ZIP N. FORT MYERS FL 33917

TITLE ~~PLUDINGTON~~, Ron ☒ Change ☐ Addition
NAME
STREET ADDRESS 509 Avanti Way Blvd
CITY-ST-ZIP No Ft Myers, FL 33917

TITLE D ☒ Delete
NAME JOHNSON, WALLY
STREET ADDRESS 828 CALAMONDIN CT
CITY-ST-ZIP N. FORT MYERS FL 33917

TITLE ~~ROY~~ Patzke ☒ Change ☐ Addition
NAME
STREET ADDRESS 945 Strongbox Lane
CITY-ST-ZIP No Ft Myers, FL 33917

TITLE D ☒ Delete
NAME ESPOSITO, RALPH
STREET ADDRESS 803 PIRATES REST RD
CITY-ST-ZIP N. FORT MYERS FL 33917

TITLE D ☒ Change ☐ Addition
NAME JACKSON, Harold
STREET ADDRESS 812 Avanti Way Blvd
CITY-ST-ZIP No Ft Myers, FL 33917

TITLE T ☒ Delete
NAME IRENE HINDERLITER
STREET ADDRESS 905 CALAMONDIN CT
CITY-ST-ZIP N. FORT MYERS FL

TITLE T ☒ Change ☐ Addition
NAME KAPSINOW, Miriam
STREET ADDRESS 963 Avanti Way
CITY-ST-ZIP No Ft Myers, FL 33917

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:

Miriam Kapsinow

Miriam Kapsinow 4/5/00 941-995-7339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)