

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90050 001 \*\*\*\*61.25

**DOCUMENT # N95000003088**

1. Entity Name

**PAGE PARK COMMUNITY CLUB, INCORPORATED**



Principal Place of Business

**507 CENTER RD  
FT MYERS FL 33907**

Mailing Address

**C/O SEYMOUR ROCHE  
106 2ND ST  
FT MYERS FL 33907**

**J0000600**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6155104**

Applied For

Not Applicable

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

**ROCHE, SEYMOUR  
106 2ND ST  
FT MYERS FL 33907**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Seymour J. Roche*

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-15-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **ROCHE, SEYMOUR**  
STREET ADDRESS **106 2ND ST**  
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Lee Coleman**  
STREET ADDRESS **106 3rd ST.**  
CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE **VD** ☐ Delete  
NAME **COLEMAN, LEO**  
STREET ADDRESS **114 3RD ST**  
CITY-ST-ZIP **FT MYERS FL 33907**

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

TITLE **SD** ☐ Delete  
NAME **SIBLEY, JOHN**  
STREET ADDRESS **108 CENTER RD**  
CITY-ST-ZIP **FT MYERS FL 33907**

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

TITLE **TD** ☒ Delete  
NAME **KELLNER, EDWARD JR.**  
STREET ADDRESS **108 CENTER RD**  
CITY-ST-ZIP **FT MYERS FL 33907**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: *Seymour J. Roche*

**1-15-03 137-9361825**

CR2E037 (10/02)