

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90056 017 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000003013

1. Entity Name
SOUTHERN BREEZE CONDOMINIUM ASSOCIATION OF CAPE

| | |
|--|--|
| Principal Place of Business 1112 SW 48TH TERRACE CAPE CORAL FL 33914 | Mailing Address 1112 SW 48TH TERRACE CAPE CORAL FL 33914 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-2694236 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FITZPATRICK, JAMES E
1410 SW 54TH TERRACE
CAPE CORAL FL 33914

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | PD ROSATI, PETER 3308 COLLINS FERRY ROAD MORGANTOWN VA 26505 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD FULLER, HARRY S 1112 S.W. 48TH TERRACE., C-201 CAPE CORAL FL-33914 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LECLAIRE, HENRY A JR. 1114 S.W. 48TH TERRACE., B-201 CAPE CORAL FL 33914 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ULRICH, JOHN H 12301 SNUG HARBOR RD BERLING MD 21801 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FITZPATRICK, JAMES E 1410 S.W. 54TH TERRACE CAPE CORAL FL 33914 <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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD RAYMOND A. COTE 292 BELMONT AVE. WEST-SPRINGFIELD -MA- 01089 <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 |
| 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: JOHN H. ULRICH **REQUIRED** JOHN H. ULRICH **3 JAN 2001 941-945-1750**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (10/00)