## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 02, 2001 8:00 am Secretary of State DOCUMENT # N9600004734 1. Entity Name ARIELLE SECTION VI CONDOMINIUM ASSOCIATION, INC. 05-02-2001 90030 022 \*\*\*\*61.25 Mailing Address Principal Place of Business C/O IPM 14581 WESTPORT DR. 3435 10TH ST. N., SUITE 201 FT. MYERS FL 33908 NAPLES FL 34103 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3445764 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WOLPERT, GREG G 14581 WESTPORT DR. FT. MYERS FL 33908 Zip Code City 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE ☐ Delete TITLE wolpert, greg g NAME NAME 14581 WESTPORT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33908 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE MACK, CONNIE NAME NAME STREET ADDRESS 2110 ARIELLE DR., #108 STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP NAPLES FL 34109 Change ☐ Addition DST ☐ Delete TITLE TITLE MEEKS, MICHAEL NAME NAME 9220 BONITA BEACH, SUITE 215 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP ☐ Change **▼**Addition Delete TITLE TITLE Hoffman, Jill BECHTEL, RICHARD NAME NAME 9220 Bonita Bch Rd., #215 STREET ADDRESS STREET ADDRESS 3435 10TH ST. N., #201 Bonita Springs, FL 34135 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 ☐ Addition Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Defete TITLE NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STIREDW.M. Meeks 4.23.01