

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006194

1. Entity Name

BULLARD SUBDIVISION HOME OWNERS ASSOCIATION, INC

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90098 027 \*\*\*\*61.25

Principal Place of Business

640 NORTH 9TH STREET  
IMMOKALEE FL 33934-1671

Mailing Address

P.O. BOX 1671  
IMMOKALEE FL 34143-1671

2. Principal Place of Business

11550 Tamiami Trail East  
Suite, Apt. #, etc.

3. Mailing Address

11550 Tamiami Trail East  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-1834379

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SORENSEN, EDMUND H  
1285 GULF SHORE BLVD N #7-D  
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name DR. SAMUEL DURSO

Street Address (P.O. Box Number is Not Acceptable)

891 PARTRIDGE COURT

City MARCO ISLAND

FL

Zip Code 34145

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]* DR. SAMUEL DURSO, President

3/2/00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SORENSEN, EDMUND H	
STREET ADDRESS	1285 GULF SHORE BLVD N #7-D	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES C	
STREET ADDRESS	124 MOORINGS PARK DR #H-101	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, SUZANNE	
STREET ADDRESS	701 HENDRY ST	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHWIERS, PETER	
STREET ADDRESS	9225 THE LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. SAMUEL DURSO	
STREET ADDRESS	891 Partridge Court	
CITY-ST-ZIP	MARCO ISLAND, FL 34145-5825	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHARLES C	
STREET ADDRESS	124 MOORINGS PARK DR #H-101	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALIGA, Robert E	
STREET ADDRESS	1120 Little Neck Lane Ct., E-51	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wes BLACKWELL	
STREET ADDRESS	3705 Collier Blvd	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNEIDER, THOMAS	
STREET ADDRESS	704 Turkey Oak Lane	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANDA, JOSE	
STREET ADDRESS	831 PARTRIDGE COURT	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	

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]* DR. SAM DURSO 3/2/00 (941) 775-0036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)