

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90345 009 ****61.25

0047037

DOCUMENT # N97000001381

1. Entity Name

SOUTH ESTERO COMMERCIAL CENTER LOT OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6360 PRESIDENTIAL COURT
 SUITE 4
 FT MYERS FL 33919
 US

6360 PRESIDENTIAL COURT
 SUITE 4
 FT MYERS FL 33919
 US

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

65-0209676

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

Name

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

City

FL

Zip Code

GRAVINA, PETER
 1633 HENDRY STREET
 FORT MYERS FL 33901

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 **D** ☐ Delete
 NAME **HITHERSAY, STEVE**
 STREET ADDRESS **12381 S TAMiami TRAIL, STE 404**
 CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **D** ☒ Change ☐ Addition
 NAME **Steve Hithersay**
 STREET ADDRESS **13108 Plantation Lakes Circle**
 CITY-ST-ZIP **Sanford, FL 32771**

TITLE **D** ☐ Delete
 NAME **GEM, MICHAEL**
 STREET ADDRESS **2724 DEL PRADO BLVD**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE **D** ☐ Delete
 NAME **MUSSER, JOHN**
 STREET ADDRESS **1504 GROVE AVENUE**
 CITY-ST-ZIP **FORT MYERS FL 33901**

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
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 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:

Steve Hithersay
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trustee **4/30/02** **841-433-0400**
 Date Daytime Phone #

CR2E037 (9/01)