

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

0014376

DOCUMENT # N97000001381

1. Entity Name
SOUTH ESTERO COMMERCIAL CENTER TOT OWNER'S ASSOCIATION, INC.



FILED

03 OCT 22 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6360 PRESIDENTIAL COURT
SUITE 4
FT MYERS FL 33919
US**

Mailing Address
**6360 PRESIDENTIAL COURT
SUITE 4
FT MYERS FL 33919
US**



REINSTATEMENT
CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
309 Country View Ct.

3. Mailing Address
309 Country View Ct.

City & State
Lake Mary, FL

City & State
Lake Mary, FL

Zip
32746

Country
USA

Zip
32746

Country
USA

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
**GRAVINA, PETER
1833 HENDRY STREET
FORT MYERS FL 33901**

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

SIGNATURE **X** **10-20-03**

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
After September 10, 2003, min will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HITHERSAY, STEVE	
STREET ADDRESS	3108 PLANTATION LAKES CIRCLE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEM, MICHAEL	
STREET ADDRESS	2724 DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUSSER, JOHN	
STREET ADDRESS	1504 GROVE AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Hithersay	
STREET ADDRESS	5061 Greylock Ct.	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Gem	
STREET ADDRESS	1316 S.E. 32nd Terrace	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Musser	
STREET ADDRESS	1504 Grove Avenue	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** **9/24/03** **407 416-1036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/03)