

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001503

1. Entity Name

SPORTSMAN'S VILLAGE PROPERTY OWNERS ASSOCIATION

Principal Place of Business

C/O MARLENE ZIEGLER
BOX 1412
MOORE HAVEN FL 33471

Mailing Address

C/O MARLENE ZIEGLER
BOX 1412
MOORE HAVEN FL 33471-1412

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90077 043 ****70.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SPORTSMAN'S VILLAGE

3. Mailing Address

C/O DIANA M. REBLE

Suite, Apt. #, etc.

#1 DANIELS ROAD

Suite, Apt. #, etc.

603 BROAD COURT, SO.

City & State

MOORE HAVEN, FL

City & State

NAPLES, FL

Zip

33471

Country

USA

Zip

34102

Country

USA

4. FEI Number

65-0743686

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIEGLER, MARLEN
C/O COOK 613
43 MALLARD LN
MOORE HAVEN FL 33471

7. Name and Address of New Registered Agent

Name DIANA M. REBLE

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

603 BROAD COURT, SO.

City NAPLES

FL

Zip Code

34102

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 Diana M. Reble DIANA M. REBLE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/2000

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 type="checkbox"/> Delete
NAME	REBLE, PAUL C	
STREET ADDRESS	603 BROAD COURT S	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CARRINGTON, JOHN	
STREET ADDRESS	4300-22ND PLACE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	STD	<input type="checkbox"/> Delete
NAME	REBLE, DIANA M	
STREET ADDRESS	603 BROAD COURT S	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BROOKE, KATHY	
STREET ADDRESS	4300-22ND PLACE SW	
CITY-ST-ZIP	NAPLES FL 34116	
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 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	
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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: Diana M. Reble DIANA M. REBLE 3/1/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)