

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002644

1. Entity Name

THE BIMINI III AT TARPON COVE CONDOMINIUM ASSOCI

FILED

Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90080 023 \*\*\*\*61.25

Principal Place of Business  
24301 WALDEN CENTER DRIVE  
SUITE 300  
BONITA SPRINGS FL 34134

Mailing Address  
24301 WALDEN CENTER DRIVE  
SUITE 300  
BONITA SPRINGS FL 34134-4920

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 9709  
Suite, Apt. #, etc.

City & State  
NAPLES FL

Zip  
34101-9709

Country  
US

4. FEI Number  
59-3450183

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HASTINGS, VIVIAN N  
24301 WALDEN CENTER DR  
STE 300  
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name  
Stephen P. HART  
Street Address (P.O. Box Number is Not Acceptable)  
COLLIER FINANCIAL, INC  
4985 TAMiami TRLEAST  
City  
NAPLES FL Zip Code  
34113

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 Step P. Hart DATE 4/18/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP FLINN, MILTON G 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OAK, TIMOTHY 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST EASTMAN, KELLI 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BIDWELL, PAULA 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCCALL, THOMAS 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Kenneth W. Hayden 24301 Walden Center Drive Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Yvonne Blair 24301 Walden Cenetr Drive Bonita Springs, FL. 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 KENNETH W HAYDEN 3-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)