

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL -5 PM 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000007079

1. Entity Name

Tiburon Master Property Owners' Association, Inc.

Principal Place of Business

Mailing Address

1625 Hendry Street, #301
Fort Myers, FL 33901

2. Principal Place of Business

365 - 5th Avenue South

3. Mailing Address

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

4. FEI Number

65-0819980

Applied For

Not Applicable

Zip

34102

Country

USA

Zip

Country

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

Humphrey, James T.
1625 Hendry Street, #301
Fort Myers, FL 33901

Name

Charles Thomas

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

365 - 5th Avenue South, Suite 201

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

Charles Thomas, Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Rabi, Fereydoon ☒ Delete
NAME Post Office Box 3258
STREET ADDRESS Naples, FL 33939-3258
CITY-ST-ZIP

TITLE D Charles Thomas ☒ Change ☐ Addition
NAME 365 - 5th Avenue South, Suite 201
STREET ADDRESS Naples, FL 34102
CITY-ST-ZIP

TITLE D Roeder, Michael ☐ Delete
NAME 1625 Hendry Street, #301
STREET ADDRESS Fort Myers, FL 33901
CITY-ST-ZIP

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

TITLE D Dewhirst, Ned ☐ Delete
NAME 6202 Presidential Court, #D
STREET ADDRESS Fort Myers, FL 33907
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Charles Thomas, Director

941/434-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)