

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007079

1. Entity Name

TIBURON MASTER PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business

365 5TH AVENUE SOUTH, #301 #201
NAPLES FL 34102

Mailing Address

365 5TH AVENUE SOUTH, #301 #201
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE #201

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0819980

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

THOMAS, CHARLES

365 5TH AVENUE SOUTH, #301 #201
NAPLES FL 34102

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.

SIGNATURE *Charles Thomas*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9.11.01

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 D
NAME THOMAS, CHARLES
STREET ADDRESS 365 5TH AVENUE SOUTH, #301
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE D
NAME ROEDER, MICHAEL
STREET ADDRESS 1625 HENDRY STREET, SUITE 301
CITY-ST-ZIP FORT MYERS FL 33901 ☐ Delete

TITLE D
NAME DEWHIRST, NED
STREET ADDRESS 6202 PRESIDENTIAL COURT, SUITE D
CITY-ST-ZIP FORT MYERS FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Charles Thomas* SIGNATURE REQUIRED

9.11.01

941434 0600

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90081 004 ****61.25

978447



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)