

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000057

1. Entity Name

EAGLE RIDGE LAKES MASTER ASSOCIATION, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90213 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4158 LORRAINE AVE.  
NAPLES FL 34104

4158 LORRAINE AVE.  
NAPLES FL 34104-4737

2. Principal Place of Business

3. Mailing Address

Gulf Coast Mgmt

10060 Amberwood RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #4

City & State

FT Myers FL

Zip

Country

33913

Country

Lee



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3449751

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

SIESKY, JAMES H  
1000 TAMiami TRAIL NORTH,STE.201  
NAPLES FL 34102

Name

BRYAN E Cruz

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

10060 Amberwood RD #4

City

FT MYERS FL

FL

Zip Code

33913

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

*Bryan E Cruz*

(NOTE: Registered Agent signature required when reinstating)

5-16-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDV COOPER, FRANK W 4158 LORRAINE AVE. NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, JAMES E 13940-201 EAGLE RIDGE LAKES DR FORT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRECHETTE, AMY PRICE 4158 LORRAINE AVE. NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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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:

*Frank W Cooper*, Pres.

1/14/00

(941) 850-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR/E037 (9/99)