

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000000057**

1. Entity Name

Eagle Ridge Lakes Master Assoc Inc

Principal Place of Business

Mailing Address

**Gulf Coast Management Services, Inc.
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913**

**Gulf Coast Management Services, Inc.
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**Gulf Coast Management
Services, Inc.
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913**

Name

Street Address

City

7. Name and Address of New Registered Agent

Ken Hayden

**Gulf Coast Management Services, Inc.
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913**

Code

8. The above named entity is changing its registered office or

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

10-17-01

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 **DP** **Frank W. Cooper** ☐ Delete
NAME
STREET ADDRESS **4158 Lorraine Ave**
CITY-ST-ZIP **Naples, FL 34104**

TITLE **D** **James E. Long** ☒ Delete
NAME
STREET ADDRESS **13940 - 201 Eagle Ridge**
CITY-ST-ZIP **Ft. Myers, FL 33912**

TITLE **D** **Amy Price Frechette** ☐ Delete
NAME
STREET ADDRESS **4158 Lorraine Ave.**
CITY-ST-ZIP **Naples, FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
TITLE **500004672155**
NAME
STREET ADDRESS **-11/08/01--01011--022**
CITY-ST-ZIP *******61.25 *****61.25**

TITLE **D** **MICHAEL CONTRITA** ☒ Change ☐ Addition
NAME
STREET ADDRESS **13831 EAGLE RIDGE LK RR # 201**
CITY-ST-ZIP **FT MYERS, FL 33912**

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank W. Cooper, Pres.

10/17/01

(941) 561-1600

Date

Daytime Phone #

CR2E037 (11/00)