

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N980000000768

1. Entity Name

marker Lake Villas Neighborhood Assoc, Inc

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90123 007 ****61.25

Principal Place of Business

Mailing Address

Suite 341
11216 Tamiami Tr. No
Naples, FL 34110

same

2. Principal Place of Business

11216 Tamiami Tr. No Suite 341

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 341

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34110

Country

USA

Zip

Country

4. FEI Number

59-3564096

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

Gene Thrushman
Suite 341 11216 Tamiami Tr. No
Naples, FL 34110

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gene Thrushman, Pres
Suite 341 Tamiami Tr. No
Naples, FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jean Klingler
8139 Las Palmas Way
Naples, FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Dino Vlahos
2286 Stacil Circle
Naples, FL 34109 ☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

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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

Gene Thrushman

4.25.00

941 591 0222

Date

Daytime Phone #

CR2E037 (9/99)