

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N98000002986**

1. Entity Name

**GRAND VIEW OF PARKER LAKES TWO CONDOMINIUM ASSOC**

Principal Place of Business

9400 GLADIOLUS DR., SUITE 250  
FT. MYERS FL 33908

Mailing Address

9400 GLADIOLUS DR., SUITE 250  
FT. MYERS FL 33908-7600

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

**65-0842955**

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

**FLEMING, MICHAEL  
C/O MARQUIS MANAGEMENT INC.  
9400 GLADIOLUS DR., STE 100  
TAMPA FL 33601**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD ZUKAUKAS, RITA	<input type="checkbox"/> Delete
STREET ADDRESS	1490 VISTA VIEW WAY #603	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE NAME	VD PIERSON, KAVIK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1490 VISTA VIEW WAY #601	
CITY-ST-ZIP	FT-MYERS FL 33919	
TITLE NAME	STD POST, WILMAR	<input type="checkbox"/> Delete
STREET ADDRESS	1490 VISTA VIEW WAY #604	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE NAME	D STARKEY, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	1490 VISTA VIEW WAY #602	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DP WILMAR POST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1490 VISTA VIEW WAY #604	
CITY-ST-ZIP	FT. MYERS, FL. 33919	
TITLE NAME	DJP GARY Mac Dougal	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1490 VISTA VIEW WAY #404	
CITY-ST-ZIP	FT. MYERS, FL. 33919	
TITLE NAME	DT MIGUEL VILLANUEVA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1490 VISTA VIEW WAY #608	
CITY-ST-ZIP	FT. MYERS, FL. 33919	
TITLE NAME	D MARIE NEIL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1490 VISTA VIEW WAY #606	
CITY-ST-ZIP	FT. MYERS, FL. 33919	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**WILMAR POST**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-20-2000**

Date

Daytime Phone #

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90047 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)