

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 22, 2000 8:00 am
Secretary of State

04-22-2000 90101 020 ****61.25

DOCUMENT # N98000005207

1. Entity Name

FIDDLER'S BEND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2802 TERRA CEIA BAY BLVD.
 PALMETTO FL 34221

2802 TERRA CEIA BAY BLVD.
 PALMETTO FL 34221-5957

2. Principal Place of Business

3. Mailing Address

P.O. BOX 191

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALMETTO FL.

4. FEI Number

65-0877456

Applied For
 Not Applicable

Zip

Country

Zip

Country

34220 MANATEE

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

BOWLES, ROBERT E
 2802 TERRA CEIA BAY BLVD.
 PALMETTO FL 34221

Name

KEITH L. SHAW

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

2907 FIDDLERS BEND

City

PALMETTO

FL

Zip Code

34221

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

KEITH L. SHAW

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

Treasurer

(NOTE: Registered Agent signature required when reinstating)

4-14-2000

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	PD ZEHRER, A A 15933 CLAYTON ROAD BALLWIN MO 63022-0100	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TEPPER, JAMES D 15933 CLAYTON ROAD BALLWIN MO 63022-0100	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCARTNEY, MICHAEL 2802 TERRA CEIA BAY BLVD PALMETTO FL 34221	<input checked="" 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	D JACK KENNY 2920 FIDDLERS BEND PALMETTO FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLY BERNARD 2907 FIDDLERS BEND PALMETTO FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH L. SHAW 2907 FIDDLERS BEND PALMETTO FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH ARONIA 3010 FIDDLERS BEND PALMETTO FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A.T. SWEETAN HUMPHREY 2905 FIDDLERS BEND PALMETTO FL 34221	<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:

KEITH L. SHAW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-2000

Date

941-722-3344

Daytime Phone #

CR2E037 (9/99)