

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90074 001 \*\*\*\*61.25

**DOCUMENT # N99000001904**

1. Entity Name

**DANIELS & METRO OWNERS' ASSOCIATION, INC.**

Principal Place of Business

**5900 ENTERPRISE PARKWAY  
 FORT MYERS FL 33905**

Mailing Address

**5900 ENTERPRISE PARKWAY  
 FORT MYERS FL 33905**

**00045100**

2. Principal Place of Business

**6700-1 Daniels Parkway**

Suite, Apt. #, etc.

3. Mailing Address

**6700-1 Daniels Parkway**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Fort Myers, FL**

City & State

**Fort Myers, FL**

4. FEI Number

**65-1094739**

**APPLIED FOR**

Applied For

Not Applicable

Zip

**33912**

Country

**USA**

Zip

**33912**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BUNDSCHU, CHRIS  
 5900 ENTERPRISE PARKWAY  
 FORT MYERS FL 33905**

7. Name and Address of New Registered Agent

Name

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

**6700-1 Daniels Parkway**

City  
**Fort Myers**

FL

Zip Code  
**33912**

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          | <b>DPT</b>                                    | <input type="checkbox"/> Delete |
| NAME           | <b>BUNDSCHU, CHRIS</b>                        |                                 |
| STREET ADDRESS | <b>5900 ENTERPRISE PARKWAY</b>                |                                 |
| CITY-ST-ZIP    | <b>FORT MYERS FL 33905</b>                    |                                 |
| TITLE          | <b>DVPS</b>                                   | <input type="checkbox"/> Delete |
| NAME           | <b>BUNDSCHU, GAYLE</b>                        |                                 |
| STREET ADDRESS | <b>5900 ENTERPRISE PARKWAY</b>                |                                 |
| CITY-ST-ZIP    | <b>FORT MYERS FL 33905</b>                    |                                 |
| TITLE          | <b>D</b>                                      | <input type="checkbox"/> Delete |
| NAME           | <b>ANDREWS, DONNY</b>                         |                                 |
| STREET ADDRESS | <b>C/O DENMARK INTERIORS 13411 METRO PKWY</b> |                                 |
| CITY-ST-ZIP    | <b>FORT MYERS FL 33912</b>                    |                                 |
| TITLE          |   | <input type="checkbox"/> Delete |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE          |   | <input type="checkbox"/> Delete |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE          |   | <input type="checkbox"/> Delete |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          |                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |  |
| STREET ADDRESS | <b>6700-1 Daniels Parkway</b> |  |
| CITY-ST-ZIP    | <b>Fort Myers, FL 33912</b>   |  |
| TITLE          |                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |  |
| STREET ADDRESS | <b>6700-1 Daniels Parkway</b> |  |
| CITY-ST-ZIP    | <b>Fort Myers, FL 33912</b>   |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GAYLE BUNDSCH, VP&S**

**4/25/01**

**941-693-1000**

Date

Daytime Phone #

CR2E037 (10/00)