

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

04-25-2003 90136 007 ****61.25

4/2:

DOCUMENT # N99000002946

1. Entity Name

SWANN MEDICAL COMPLEX PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

**550 US HWY 27 N
DAVENPORT FL 33837**

Mailing Address

**550 US HWY 27 N
DAVENPORT FL 33837**

55046575



☐ CHECK HERE IF MAKING CHANGES

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 **59-3519441**

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

**HEYSEK, RANDY V
400 U.S. HWY 27 N
DAVENPORT FL 33837**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAMBO, JORGE L	
STREET ADDRESS	550 US HWY 27 N	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, IVAN	
STREET ADDRESS	550 US HWY 27 N	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HEYSEK, RANDY	
STREET ADDRESS	400 US HWY 27 N	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MANUBENS, CLAUDIO	
STREET ADDRESS	450 US HWY 27 N	
CITY-ST-ZIP	DAVENPORT FL 33837	
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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Camb, Jorge L.	
STREET ADDRESS	2531 N. Blvd W.	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2235 N. Blvd W.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYSEK, RANDY V.	
STREET ADDRESS	2243 N. Blvd W.	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2239A North Blvd W.	
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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED37 (10/02)