

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90989 013 \*\*\*\*61.25

**DOCUMENT # N99000003306**

1. Entity Name  
**SUNSET STREAM RECREATION ASSOCIATION, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>9220 BONITA BEACH RD. SUITE 215<br/>         FT MYERS FL 34135</b> | Mailing Address<br><b>9220 BONITA BEACH RD. SUITE 215<br/>         FT MYERS FL 34135</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |   |
|--------------------------------|---------|---------------------|---------|---|---|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br>(See attached) <b>APPLIED FOR</b>  | <input checked="" type="checkbox"/> Applied For |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   | <input type="checkbox"/> Not Applicable         |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |   |
| Zip                            | Country | Zip                 | Country |   |   |

|  |  |  |  |  |  |           |          |
|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent        |  |  |           |          |
| <b>WOLPERT, GREG G<br/>         C/O PULTE HOME CORPORATION<br/>         9220 BONITA BEACH RD, SUITE 215<br/>         FT MYERS FL 34135</b> |  |  | Name   |  |  |           |          |
|  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |           |          |
|  |  |  | City   |  |  | <b>FL</b> | 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

|                                     |   |  |
|-------------------------------------|---|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Department of State</b> |
|-------------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |   |
|--|---|---------------------------------|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>WOLPERT, GREG G<br/>9220 BONITA BEACH RD, SUITE 215<br/>FT MYERS FL 34135</b>   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>GRIFFITH, R SCOTT<br/>9220 BONITA BEACH RD, SUITE 215<br/>FT MYERS FL 34135</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD<br/>MEEKS, W MICHAEL<br/>9220 BONITA BEACH RD, SUITE 215<br/>FT MYERS FL 34135</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: **SIGNATURE REQUIRED** *W.M. Meeks* *4-23-01* *941-434-7447*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)