

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004777

1. Entity Name

CLUBSIDE I AT PELICAN STRAND CONDOMINIUM ASSOCIA

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Property Management
Professionals of SW Florida
100 Vineyards Blvd.
Naples, FL 34109

FEI Number

65-0969532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEEPLES, C. PERRY
8889 PELICAN BAY BLVD., STE. 300
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name
Property Management
Professionals of SW Florida
Street
100 Vineyards Blvd.
City
Naples, FL 34109
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

TITLE	D	<input type="checkbox"/> Delete
NAME	REISMAN, JOHN	
STREET ADDRESS	9400 GLADIOLUS DR., STE. 250	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	GULLO, VINCE	
STREET ADDRESS	9400 GLADIOLUS DR., STE. 250	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNIZNER, DAVE	
STREET ADDRESS	9400 GLADIOLUS DR., STE. 250	
CITY-ST-ZIP	FT. MYERS FL 33908	
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 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	
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90225 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)