

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91298 039 ****61.25

DOCUMENT # N99000006139

1. Entity Name

SEMINOLE LAKES RESIDENTS GROUP, INC.

Principal Place of Business

**10334 WINDSONG RD.
PUNTA GORDA FL 33955**

Mailing Address

**10334 WINDSONG RD.
PUNTA GORDA FL 33955**

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

65-0963453

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

**DOLAN, ROBERT F
10334 WINDSONG RD.
PUNTA GORDA FL 33955**

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **DOLAN, ROBERT F**
STREET ADDRESS **10334 WINDSONG RD.**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CHENEY, JULIAN**
STREET ADDRESS **26233 SEMINOLE LAKES BLVD.**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TOTH, ROBERT**
STREET ADDRESS **26201 STILLWATER CIR.**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **COTYK, ROBERT**
STREET ADDRESS **26461 FEATHERSOUND DR.**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GURNEY, SHIRLEY**
STREET ADDRESS **26430 FEATHERSOUND DR.**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BURGET, RICHARD**
STREET ADDRESS **26118 STILLWATER CIR.**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE ☐ Change ☐ 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

April 30/01 94-505-0881

CR2E037 (10/00)

Document #
655762 1194000006/39

McClusky, Gaines, Gill, Daughtrey & Horner

Certified Public Accountants

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941- 625-8789
2960 S. McCall Road, Suite 210 • Englewood, FL 34224
941- 473-1655

April 27, 2001

Seminole Lakes Residents Group, Inc.
10334 Windsong Road
Punta Gorda, FL 33955

We have prepared the following form(s) for filing. Instructions regarding signing and mailing the form(s) are shown, along with any amount that may be due.

FORM	PERIOD	DUE	PAYABLE TO	MAIL TO	AMOUNT
UBR-2000 (Uniform Business Report)	03/31/01	04/30/01	Department of State	Tallahassee, FL	\$ 61.25

Please sign and date the form where indicated. Mail the original form in the pre-addressed envelope that is attached along with the indicated amount due (if any), on or before the due date shown. We recommend that you mail the form(s) via certified mail for formal documentation of your filing. When making a payment, the information written on your check should include the form number and your Social Security or Federal Identification number for proper payment credit.

McClusky, Gaines, Gill, Daughtrey & Horner
Certified Public Accountants