

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006668

1. Entity Name

CLUBSIDE II AT PELICAN STRAND CONDOMINIUM ASSOCI

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

05-04-2000 90147 041 ****61.25

Principal Place of Business

Mailing Address

9400 GLADIOLUS DRIVE STE 250
FT MYERS FL 33908

9400 GLADIOLUS DRIVE STE 250
FT MYERS FL 33908-7600

2. Principal Place of Business

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

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

1. FEI Number

65-0969536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

Name

Street

City

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

Zip Code

7. Name and Address of New Registered Agent

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's 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 ☐ Delete
NAME **D REISMAN, JOHN**
STREET ADDRESS **9400 GLADIOLUS DR STE 250**
CITY-ST-ZIP **FT MYERS FL 33908**

TITLE ☐ Delete
NAME **D GULLO, VINCE**
STREET ADDRESS **9400 GLADIOLUS DR STE 250**
CITY-ST-ZIP **FT MYERS FL 33908**

TITLE ☐ Delete
NAME **D KNIZNER, DAVID**
STREET ADDRESS **9400 GLADIOLUS DR STE 250**
CITY-ST-ZIP **FT MYERS FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 941-489-4810

CR2E037 (9/99)