

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90079 014 ***150.00

DOCUMENT # P00000027642

1. Entity Name
SPOONBILL PROPERTIES, INC.

Principal Place of Business
7544 CAMERON CIRCLE
FORT MYERS FL 33912

Mailing Address
7544 CAMERON CIRCLE
FORT MYERS FL 33912

2. Principal Place of Business
8930 COLONNADES CT. E.
 Suite, Apt. #, etc.
613

3. Mailing Address
8930 COLONNADES CT E
 Suite, Apt. #, etc.
613

City & State
BONITA SPRINGS, FL
 Zip
34135
 Country
LEE

City & State
BONITA SPRINGS, FL
 Zip
34135
 Country
LEE

4. FEI Number
65-1051326
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KATZ, TAMMY
7544 CAMERON CIRCLE
FORT MYERS FL 33912

7. Name and Address of New Registered Agent
 Name
STEVEN A. GRIMES
 Street Address (P.O. Box Number is Not Acceptable)
8930 COLONNADES CT. E. #613
 City
BONITA SPRINGS FL Zip Code
34135

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 Steven A. Grimes STEVEN A. GRIMES/PRES. 1/29/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, STEVEN A 1417 CREECH ROAD NAPLES FL 34103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, SUSAN 1417 CREECH ROAD NAPLES FL 34103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, TAMMY 7544 CAMERON CIRCLE FORT MYERS FL 33912 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, BARRY 7544 CAMERON CIRCLE FORT MYERS FL 33912 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRIMES, STEVEN A. 8930 COLONNADES CT. E. #613 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT / SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRIMES, SUSAN 8930 COLONNADES, CT. E. #613 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven A. Grimes STEVEN A. GRIMES 1/29/01 (941)948-0228
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)