

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P92000004031**

1. Entity Name

SUNTREE SQUARE, INC.**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90087 031 ***150.00

Principal Place of Business	Mailing Address
% NORTH AMERICAN PROPERTIES OF S. FLORIDA 12995 S. CLEVELAND AVE., SUITE 214 FORT MYERS FL 33907	% NORTH AMERICAN PROPERTIES OF S. FLORIDA 12995 S. CLEVELAND AVE., SUITE 214 FORT MYERS FL 33907-3907

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **65-0373493**

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****7. Name and Address of New Registered Agent****HAFELE, DALE G**
% NORTH AMERICAN PROPERTIES OF S. FLORIDA
12995 S. CLEVELAND AVE., SUITE 214
FORT MYERS FL 33907

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WILLIAMS, THOMAS L	212 E. 3RD ST., SUITE 300	CINCINNATI OH						
	SD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WILLIAMS, JOSEPH W JR.	212 E. 3RD ST., SUITE 300	CINCINNATI OH 45202						
	VD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GROTE, RICHARD W	5240 LESTER RD., #200	CINCINNATI OH						
	VD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	HAFELE, DALE G	12995 S. CLEVELAND AVE., #214	FT MYERS FL						
	O			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SPREHN, SUSAN M	12995 S CLEVELAND AVE STE 214	FT MYERS FL 33907						
				<input type="checkbox"/> Delete					<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)