

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90010 039 \*\*\*150.00

**DOCUMENT # P93000001063**

1. Entity Name

**WORTHINGTON COMMUNITIES, INC.**

Principal Place of Business

Mailing Address

17380 WINKLER ROAD  
FT. MYERS FL 33908  
US17380 WINKLER ROAD  
FT. MYERS FL 33908-6000  
US

2. Principal Place of Business

3. Mailing Address

14291 Metro Pkwy #1300  
Suite, Apt. #, etc.14291 Metro Pkwy  
Suite, Apt. #, etc.City & State  
Ft. Myers FLCity & State  
Ft. Myers FLZip  
33912Country  
USAZip  
33912Country  
USA

4. FEI Number 65-0378321

Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

LUU39412



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

GARGANO, ANTHONY J  
2075 W 1ST ST  
STE 203  
FORT MYERS FL 33901Name  
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 State**10. 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	Delete
	PSD	DARRAGH, JEFF	17380 WINKLER ROAD FT MYERS FL	<input type="checkbox"/>
	V	CRIBBETT, GLENN	17380 WINKLER ROAD FT MYERS FL 33908	<input type="checkbox"/>
	VD	WILSON, LARRY	17380 WINKLER RD FT MYERS FL	<input type="checkbox"/>
	V	GNAGEY, JOHN	17380 WINKLER ROAD FT. MYERS FL 33908	<input type="checkbox"/>
	V	CONNELL, SCOTT	17380 WINKLER ROAD FT. MYERS FL 33908	<input type="checkbox"/>
	V	SKIERA, ANDREA	17380 WINKLER ROAD FT. MYERS FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		14291 Metro Pkwy #1300	Ft Myers FL 33912	<input type="checkbox"/>	<input type="checkbox"/>
		" (Same as above)		<input type="checkbox"/>	<input type="checkbox"/>
		" (Same as above)		<input type="checkbox"/>	<input type="checkbox"/>
		" (Same as above)		<input type="checkbox"/>	<input type="checkbox"/>
		" (Same as above)		<input type="checkbox"/>	<input type="checkbox"/>
		" (Same as above)		<input type="checkbox"/>	<input type="checkbox"/>

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

3/15/00  
Date941 561-4666  
Daytime Phone #

CR2E034 (9/99)