

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90638 004 \*\*\*150.00

**DOCUMENT # P93000001063**

1. Entity Name  
**WORTHINGTON COMMUNITIES, INC.**



Principal Place of Business  
**6150 DIAMOND CENTER COURT  
#1300  
FORT MYERS FL 33912  
US**

Mailing Address  
**6150 DIAMOND CENTER COURT  
#1300  
FORT MYERS FL 33912  
US**



2. Principal Place of Business  
**9240 Marketplace Rd**

3. Mailing Address  
**9240 Marketplace Rd**

Suite, Apt. #, etc.  
**Suite 2**

Suite, Apt. #, etc.  
**Suite 2**

City & State  
**Fort Myers FL**

City & State  
**Fort Myers FL**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0378321**

Applied For  
Not Applicable

Zip **33912**

Country **USA**

Zip **33912**

Country **USA**

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**

**GARGANO, ANTHONY J  
2075 W 1ST ST  
STE 203  
FORT MYERS FL 33901**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
DARRAGH, JEFF  
6150 DIAMOND CENTER COURT#1300  
FORT MYERS FL 33912** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**9240 Marketplace Rd, Ste 2  
Fort Myers FL 33912** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
CRIBBETT, GLENN  
6150 DIAMOND CENTER COURT#1300  
FORT MYERS FL 33912** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Same as above** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
WILSON, LARRY  
6150 DIAMOND CENTER COURT#1300  
FORT MYERS FL 33912** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Same as above** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
GNAGEY, JOHN  
6150 DIAMOND CENTER COURT#1300  
FORT MYERS FL 33912** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Same as above** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
CONNELL, SCOTT  
6150 DIAMOND CENTER COURT#1300  
FORT MYERS FL 33912** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Same as above** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
SKIERA, ANDREA  
6150 DIAMOND CENTER COURT#1300  
FORT MYERS FL 33912** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Same as above** ☒ Change ☐ Addition

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 607, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John Gnagey 4/14/03 239-561-4666**

Date

Daytime Phone #

CR2E034 (10/02)