

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90048 022 ***150.00

DOCUMENT # P93000084576

1. Entity Name

FLORIDA LIFESTYLE HOMES OF FT. MYERS, INC.

Principal Place of Business

Mailing Address

**9915 TAMiami TRAIL NORTH
 SUITE 2
 NAPLES FL 34108
 US**

**9915 TAMiami TRAIL NORTH
 SUITE 2
 NAPLES FL 34108
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3216917**

Applied For

Not Applicable

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

**WANDERON, THOMAS
 9915 TAMiami TRAIL NORTH
 SUITE 2
 NAPLES FL 34108**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **ENNEN, WILLIAM C.**
 STREET ADDRESS **15870 OLD WEDGEWOOD COURT**
 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **P** ☒ Change ☐ Addition
 NAME **ENNEN, WILLIAM C.**
 STREET ADDRESS **14840 SOARING EAGLE COURT**
 CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

William C. Ennen Pres. **WILLIAM ENNEN**

Date

Daytime Phone #

4-6-01

941-225-0089

CR2E034 (10/00)