

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90092 030 \*\*\*150.00

**DOCUMENT # P96000090584**

1. Entity Name  
**GLENMOOR I CONDO BUILDING CORPORATION**



Principal Place of Business  
**1400 GULF SHORE BLVD #223**  
**NAPLES FL 34102**  
**US**

Mailing Address  
**1400 GULF SHORE BLVD**  
**#223**  
**NAPLES FL 34102**  
**US**

2. Principal Place of Business  
**800 Harbour Dr.**  
Suite, Apt. #, etc.  
**#3**

3. Mailing Address  
**800 Harbour Dr.**  
Suite, Apt. #, etc.  
**#3**

City & State  
**Naples FL**

City & State  
**Naples FL**

Zip Country  
**34103 USA**

Zip Country  
**34103 USA**

4. FEI Number **59-3412365**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**PAULICH, JOHN**  
**801 ANCHOR RODE DR. #203**  
**NAPLES FL 34102**

**7. Name and Address of New Registered Agent**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	BARON, AVI	<del>1400 GULF SHORE BLVD., #223</del> <b>800 Harbour Dr.</b>	<del>NAPLES FL 34102</del> <b>34103</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>address only</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>800 Harbour Dr. #3</b>		<input type="checkbox"/>	<input type="checkbox"/>
		<b>Naples, FL 34103</b>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AVI BARON**

**1-27-03**

**239-261-7117**

Date Daytime Phone #

CR2E034 (10/02)