

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023906

1. Entity Name

WORTHINGTON HOMES, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90010 041 \*\*\*150.00

Principal Place of Business

Mailing Address

17380 WINKLER ROAD  
FT MYERS FL 33908

17380 WINKLER ROAD  
FT MYERS FL 33908-6000

00039410

2. Principal Place of Business

3. Mailing Address

14291 Metro Pkwy #1300

14291 Metro Pkwy #1300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

FT MYERS FL

4. FEI Number

65-0754201

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 STREET  
STE203  
FT 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.

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	DP	<input type="checkbox"/> Delete
NAME	DARRAGH, JEFF	
STREET ADDRESS	17380 WINKLER ROAD	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GNAGEY, JOHN	
STREET ADDRESS	17380 WINKLER ROAD	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SKIERA, ANDREA	
STREET ADDRESS	17380 WINKLER RD	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	14291 Metro Pkwy #1300
CITY-ST-ZIP	FT MYERS FL 33912
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	(SAME AS ABOVE)
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	(SAME AS ABOVE)
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Andrea Skiera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00  
Date

941-561-4666  
Daytime Phone #

CR2E034 (9/99)