

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P9700066697

1. Entity Name

FCC PROPERTIES, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90098 038 ***150.00

Principal Place of Business

Mailing Address

15391 CANONGATE DR
FORT MYERS FL 33912

15391 CANONGATE DR
FORT MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEI Number

65-0787617

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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

SHIELDS, CHRISTOPHER J
1833 HENDRY ST
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.

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	GLASER, DON	
STREET ADDRESS	15820 KILMARNOCK DR	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	PAUL, LARRY	
STREET ADDRESS	15281 KILBIRNIE DR	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BRADLEY, DIANE	
STREET ADDRESS	15721 LOCKMABEN AVE	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CALLANS, THOMAS	
STREET ADDRESS	15161 CANONGATE DR	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VANDYKE, THOMAS	
STREET ADDRESS	15748 GLENISLE WAY	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIEDWALD, RICHARD	
STREET ADDRESS	15501 QUEENSFERRY DR	
CITY-ST-ZIP	FT MYERS FL 33912	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CARL	
STREET ADDRESS	15391 CANONGATE DR	
CITY-ST-ZIP	FT MYERS FL 33912	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)