

# 2001 UNIFORM BUSINESS REPORT (UBR)

0400350

DOCUMENT # P97000082677

1. Entity Name  
**MIROMAR PROPERTIES, INC.**

FILED

01 MAY -1 PM 1:31

Principal Place of Business  
**10801 CORKSCREW RD.  
ESTERO FL 33928**

Mailing Address  
**24810 BURNT PINES DR.  
STE.4  
BONITA BCH FL 34134**

*[Signature]*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**24870 Burnt Pine Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**24870 Burnt Pine Drive**  
Suite, Apt. #, etc.

City & State  
**Bonita Springs, FL**

City & State  
**Bonita Springs, FL**

4. FEI Number **65-0854183**

Applied For  
Not Applicable

Zip Country  
**34134 USA**

Zip Country  
**34134 USA**

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

6. Name and Address of Current Registered Agent

**CICCARONE, MICHAEL J  
12800 UNIVERSITY DR., SUITE 600  
FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name  
**Mark Geschwendt**

Street Address (P.O. Box Number is Not Acceptable)  
**24870 Burnt Pine Drive**

City Zip Code  
**Bonita Springs, FL 34134**

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 **Mark Geschwendt**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE)

Registered Agent Signature required when reinstating

4/30/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!**  
**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

TITLE **P/D** ☐ Delete  
NAME **MILLER, MARGARET J**  
STREET ADDRESS **24810 BURNT PINE DR. STE. 4**  
CITY-ST-ZIP **BONITA BCH FL 34134**

TITLE **VP/D** ☒ Delete  
NAME **CHAMI, GEORGES H**  
STREET ADDRESS **24810 BURNT PINE DR. STE. 4**  
CITY-ST-ZIP **BONITA BCH FL 34134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **24870 Burnt Pine Drive**  
CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE ☐ Change ☒ Addition  
NAME **Vice President**  
STREET ADDRESS **Jerry Schmoyer**  
CITY-ST-ZIP **24870 Burnt Pine Drive**  
**Bonita Springs, FL 34134**

TITLE ☐ Change ☒ Addition  
NAME **Secretary/Treasurer**  
STREET ADDRESS **Robert Roop**  
CITY-ST-ZIP **24870 Burnt Pine Drive**  
**Bonita Springs, FL 34134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**500004212845-9**  
**-05/11/01 -01126--001**  
**\*\*\*1206.25 \*\*\*158.75**

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

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 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

**Jerry Schmoyer, Vice President**

4/30/01

(941) 948-3666

Date

Daytime Phone #

CR2E034 (10/00)