

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90010 038 \*\*\*150.00

**DOCUMENT # P98000027111**

1. Entity Name

**WORTHINGTON COMMUNITIES OF ARLINGTON, INC.**

Principal Place of Business

Mailing Address

**17380 WINKLER ROAD  
FORT MYERS FL 33908****17380 WINKLER ROAD  
FORT MYERS FL 33908-6000**

2. Principal Place of Business

3. Mailing Address

**14291 Metro Pkwy #1300****14291 Metro Pkwy #1300**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**FL Myers FL**

City &amp; State

**FL Myers FL**

Zip

**33912**

Country

**USA**

Zip

**33912**

Country

**USA**

4. FEI Number

**65-0821508**

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

**GARGANO, ANTHONY J  
2075 WEST FIRST STREET  
SUITE 203  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DPS	DARRAGH, JEFF	17380 WINKLER ROAD FORT MYERS FL 33908	<input type="checkbox"/>			14291 Metro Pkwy. # 1300	FL Myers FL 33912	<input type="checkbox"/>	<input type="checkbox"/>
	DV	GNAGEY, JOHN	17380 WINKLER ROAD FORT MYERS FL 33908	<input type="checkbox"/>			" (SAME AS ABOVE)		<input type="checkbox"/>	<input type="checkbox"/>
	DVT	LIEBERT, GLENN W	17380 WINKLER ROAD FORT MYERS FL 33908	<input type="checkbox"/>			" (SAME AS ABOVE)		<input type="checkbox"/>	<input type="checkbox"/>
	DV	WILSON, LARRY E	17380 WINKLER ROAD FORT MYERS FL 33908	<input type="checkbox"/>			" (SAME AS ABOVE)		<input type="checkbox"/>	<input type="checkbox"/>
	D	LIEBERT KARL, DEBORAH	17380 WINKLER ROAD FORT MYERS FL 33908	<input type="checkbox"/>			" (SAME AS ABOVE)		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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)