

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043960

1. Entity Name

THE GARDENS AT ESTERO, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90116 012 ***150.00

Principal Place of Business

Mailing Address

27081 MATHESON AVENUE
BONITA SPRINGS FL 34135

27081 MATHESON AVENUE
BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

1499 West Palmetto Park Road 1499 West Palmetto Park Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Boca Raton Florida

Boca Raton Florida

Zip

Country

Zip

Country

33486

USA

33486

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KODSI, DANIEL

1499 W. PALMETTO PARK ROAD SUITE 200

BOCA RATON FL 33486

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS 27081 MATHESON AVENUE
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1499 West Palmetto Park Road Suite 200
CITY-ST-ZIP Boca Raton, Florida 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

Daniel Kodosi

4/24/01

Date

561-347-6844

Daytime Phone #

CR2E034 (10/00)