

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093773

1. Entity Name

MILFORD COMMONS II, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90050 039 ***158.75

Principal Place of Business
1520 ROYAL PALM SQUARE BLVD., STE. 360
FORT MYERS FL 33919

Mailing Address
1520 ROYAL PALM SQUARE BLVD., STE. 360
FORT MYERS FL 33919-1053

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0958016

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HAMIN, CURTIS D~~
~~1205 MANATEE AVE. WEST~~
~~BRADENTON FL 34205~~

Name
Bowen A. Arnold
Street Address (P.O. Box Number is Not Acceptable)
1520-360 Royal Palm Square Blvd
City Fort Myers FL Zip Code 33919

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 President ☐ Delete
NAME Bowen A. Arnold
STREET ADDRESS 1520-360 Royal Palm Square Blvd
CITY-ST-ZIP Fort Myers, Florida 33919

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

TITLE V.P./Treasurer/Secr ☐ Delete
NAME Eric C. Miller
STREET ADDRESS 1520-360 Royal Palm Square Blvd
CITY-ST-ZIP Fort Myers, Florida 33919

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 #

BOWEN A. ARNOLD, PRESIDENT

01/11/00

1412758029