

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90007 019 ***150.00

DOCUMENT # P99000093872

1. Entity Name

NATUREGLADES RESORT, INC.

Principal Place of Business

**4550 TILTON CT.
FT. MYERS FL 33907**

Mailing Address

**4550 TILTON CT.
FT. MYERS FL 33907**

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

65-0959938

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

**CONLYN, ANDREW
4550 TILTON CT.
FT. MYERS FL 33907**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME **P CONLYN, ANDREW**
STREET ADDRESS **OAKLAND AVE**
CITY-ST-ZIP **PINE ISLAND FL 33922**

TITLE ☐ Delete
NAME **S LARREAU, SUE**
STREET ADDRESS **21509 GLORY RD**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete
NAME **T HOTALING, DEAN**
STREET ADDRESS **3515 PINE CONE DR**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☐ Delete
NAME **V HITZEMAN, RUSSELL**
STREET ADDRESS **3619 BARBADOS DR**
CITY-ST-ZIP **AUGUSTA GA 30909**

TITLE ☐ Delete
NAME **VF TALBOTT, RALPH**
STREET ADDRESS **13 TURTLE BACK TRAIL**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
ANDREW CONLYN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-275-8781

CP2E034 (5/01)

Attachment Doc # P990000093872
B00600933

NATUREGLADES RESORT, INC.
4550 TILTON COURT
FORT MYERS, FLORIDA 3907

July 19, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

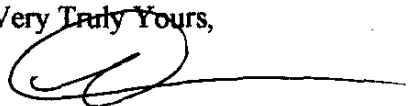
Gentlemen,

I have been advised on the telephone, when I contacted your office regarding this account, that our filing was received. I was told that there was an error in our check, and that the check and forms were returned to us for correction on March 12, 2001. When I told your office that we never received that returned information, I was told that I could resubmit the form with a new check for one hundred fifty dollars, and that the four hundred-dollar late fee would not be charged.

Accordingly, enclosed herein is a new check in the amount of one hundred fifty dollars, a photocopy of the original form mailed to your office on March 5, and the second notice original form, signed.

Please advise us if anything further is required.

Very Truly Yours,


Andrew Conlyn
President, Nautreglades Resort, Inc.

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filing requirement and elects to do so.
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After MAY 1, 2001 Fee will be \$550.00
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Trust Fund Contribution

☐ \$5.00 May Be
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11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CONLYN, ANDREW	
STREET ADDRESS	OAKLAND AVE	
CITY-ST-ZIP	PINE ISLAND FL 33922	
TITLE	S	<input type="checkbox"/> Delete
NAME	LARREAU, SUE	
STREET ADDRESS	21509 GLORY RD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOTALING, DEAN	
STREET ADDRESS	3515 PINE CONE DR	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	V	<input type="checkbox"/> Delete
NAME	HITZEMAN, RUSSELL	
STREET ADDRESS	3619 BARBADOS DR	
CITY-ST-ZIP	AUGUSTA GA 30909	
TITLE	VF	<input type="checkbox"/> Delete
NAME	TALBOTT, RALPH	
STREET ADDRESS	13 TURTLE BACK TRAIL	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4550 Tilton Ct	
CITY-ST-ZIP	Ft Myers, FL 33907	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20139 Leonard Rd	
CITY-ST-ZIP	Lutz FL 33549	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3515 Pine Cone Circle	
CITY-ST-ZIP	Clearwater FL 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Plate #

Andrew Conlyn

03-05-01 275-8781

Attachment Doc#

3/12/01

P99000093872

bob60933

DO NOT WRITE IN THIS SPACE

CR2E034 (10-00)