

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # V22651

1. Entity Name

COLONY SQUARE ASSOCIATES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-01-2000 90393 010 ***150.00

Principal Place of Business

Mailing Address

BETTY J EVANS
524 PECK AVE SW
FT MYERS FL 33919

BETTY J EVANS
524 PECK AVE SW
FT MYERS FL 33919-3151
US

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

65-0323826

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

EVANS, BETTY J
524 PECK AVE SW
FT MYERS FL 33919

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	PSTD EVANS, BETTY J.	<input type="checkbox"/> Delete	TITLE	16% shareholder	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	524 PECK AVENUE SW		NAME		
ST-ZIP	FORT MYERS FL		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	VD MARTELL, THOMAS F.	<input type="checkbox"/> Delete	TITLE	12% shareholder	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9100 LAKE BURKETT DR		NAME		
ST-ZIP	ORLANDO FL 32817		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	VD FELDMAN, MARC H.	<input type="checkbox"/> Delete	TITLE	7% shareholder	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4124 GIBRALTER STR		NAME		
ST-ZIP	LAS VEGAS NV		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VD 65% shareholder	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			NAME	David P. Johnson, Per. Rep.	
ST-ZIP			STREET ADDRESS	2201 Ringling Blvd., Ste. 104	
			CITY-ST-ZIP	Sarasota, FL 34237	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		

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 #

Betty J. EVANS

4/21/00

(941) 481-4496

CR2E034 (9/99)