

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90664 027 \*\*\*150.00

0487240 AV

**DOCUMENT # V22651**

1. Entity Name

**COLONY SQUARE ASSOCIATES, INC.**

Principal Place of Business

**BETTY J EVANS**  
**524 PECK AVE SW**  
**FT. MYERS FL 33919**  
**US**

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0323826**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE ☐ Delete  
NAME **PSTD**  
STREET ADDRESS **EVANS, BETTY J.**  
CITY-ST-ZIP **524 PECK AVENUE SW**  
**FORT MYERS FL**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **MARTELL, THOMAS F.**  
CITY-ST-ZIP **9100 LAKE BURKETT DR**  
**ORLANDO FL 32817**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **FELDMAN, MARC H.**  
CITY-ST-ZIP **4124 GIBRALTER STR**  
**LAS VEGAS NV**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **JOHNSON, DAVID P**  
CITY-ST-ZIP **2201 RINGLING BLVD. SUITE 104**  
**SARASOTA FL 34237**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:**

*Betty J. Evans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-20-02**

Date

Daytime Phone #

CR2E034 (9/01)