

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-23-2001 90227 036 ***150.00

DOCUMENT # PO00000032600			
1. Entity Name COLONY AT BARRAGAN Rd. INC.			
Principal Place of Business 7255-2 BARRAGAN RD. FT. MYERS FL. 33912		Mailing Address SAME	
2. Principal Place of Business ABOVE		3. Mailing Address ABOVE	
Suite, Apt. # etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 0000003260		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL + UFAERA P.A. 343 ALMERIA AVE. CORAL GABLES, FL 33134 305 860 1600		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when remaining)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!! After MAY 1, 2001 Make Check Payable to Department of State FEE IS \$150.00 Fee will be \$550.00	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	JOSEPH E TWOMEY		
CITY-ST-ZIP	7255-1 BARRAGAN RD FT. MYERS FL. 33912		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	JOAN TWOMEY		
CITY-ST-ZIP	7255-3 BARRAGAN Rd FT. MYERS FL. 33912		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	GLORIA M GARRY		
CITY-ST-ZIP	7255-2 BARRAGAN Rd. FT. MYERS FL. 33912		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	WILLIAM HANSEN		
CITY-ST-ZIP	7255-4 BARRAGAN Rd. FT. MYERS FL. 33912		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	PRES		
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	V.P.		
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	T-S		
CITY-ST-ZIP			
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	V.P. JACOB HANSEN		
CITY-ST-ZIP	7255-4 BARRAGAN Rd. FT. MYERS FL. 33912		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for an 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: Joseph E. TWOMEY		Date: 4-23-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 941-267-7637	

CR2E034 (11/00)