

2000 UNIFORM BUSINESS REPORT (UBR)

8.

DOCUMENT # N17843

1. Entity Name

500 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.

R

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-08-2000 90006 040 ****61.25

Principal Place of Business

Mailing Address

500 LA PENINSULA BLVD
NAPLES FL 34113

P.O. BOX 2338
MARCO FL 34146

500 LA Peninsula

SAME

2. Principal Place of Business

10 LA PENINSULA Blvd

Suite, Apt. #, etc.
NAPLES

City & State
FL

Zip
34113

Country
Collier

3. Mailing Address

10 LA Peninsula Blvd.

Suite, Apt. #, etc.
Naples

City & State
FL

Zip
34113

Country
Collier



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0067265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENOW, ROBERT
834 BALD EAGLE DRIVE
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name: Robert Yardley
Street Address (P.O. Box Number is Not Acceptable): 10 La Peninsula Blvd
City: Naples
FL Zip Code: 34113

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

Robert Yardley

Robert Yardley

9-23-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: VPD Director
NAME: CRAIN, JAMES R.
STREET ADDRESS: 543 LA PENINSULA BLVD
CITY-ST-ZIP: NAPLES FL ☐ Delete

TITLE: PD Director
NAME: JAYNES, DEBI
STREET ADDRESS: 532 LA PENINSULA BLVD
CITY-ST-ZIP: NAPLES FL 34113 ☐ Delete

TITLE: STD Director
NAME: CARLETON, ROBERT
STREET ADDRESS: 20 PLANTE WAY
CITY-ST-ZIP: MIRROR LAKE NH 03853 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: STD ☐ Change ☒ Addition
NAME: Sieff, John
STREET ADDRESS: 534 La Peninsula
CITY-ST-ZIP: Naples, FL 34113

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

8/24/00

941-642-9233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (5/00)