

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90120 013 ****61.25

DOCUMENT # N17843

1. Entity Name

500 LA PENINSULA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**10 LAPENNSOLA BLVD
NAPLES FL 34113**

**10 LAPENNSOLA BLVD
NAPLES FL 34113**

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

65-0067265

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

**VARDLEY, ROBERT
10 LA PENNSULA BLVD
NAPLES FL 34113**

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

**FILE NOW:
FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Wm. Pascale
501 La Peninsula Blvd.
Naples, FL 34113** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SIEFF, JOHN
534 LA PENINSULA
NAPLES FL 34113** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
NAME
STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/25/01 941-642-9233

Date

Daytime Phone #

CR2E037 (10/00)