

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-09-2002 90081 029 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086882
 1. Entity Name
 FT. MYERS MANAGEMENT, INC. ✓

Principal Place of Business 3225 AVIATION AVENUE SEVENTH FLOOR COCONUT GROVE FL 33133	Mailing Address 3225 AVIATION AVENUE SEVENTH FLOOR COCONUT GROVE FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Hinman Straub, P.C. Suite, Apt. #, etc. 121 State Street City & State Albany, NY Zip 12207 Country USA	3. Mailing Address c/o Hinman Straub, P.C. Suite, Apt. #, etc. 121 State Street City & State Albany, NY Zip 12207 Country USA
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4. FEI Number 65-0923831	Applied For <input 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
 KAMENESH, PETER Z
 3225 AVIATION AVENUE
 SEVENTH FLOOR
 COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent
 Name
 Bolanos Truxton, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 12800 University Drive
 Suite 340
 City
 Ft. Myers FL Zip Code
 33907

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 Gregg Straub Officer of Bolanos Truxton, P.A. 4/30/02
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 NAME STREET ADDRESS CITY-ST-ZIP	PD RILEY, PATRICK J 3225 AVIATION AVENUE 7TH FLOOR COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RILEY, CHRISTINE C 3225 AVIATION AVENUE 7TH FLOOR COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALDRICH, JOHN R 121 STATE STREET ALBANY NY 12207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	121 State Street Albany, NY 12207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	121 State Street Albany, NY 12207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE OF PETER Z. KAMENESH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/26/02 Daytime Phone # 518-436-0751

CR2E034 (9/01)