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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500004603

MIRAMAR BEACH AND TENNIS CLUB, INC.

FILED Aug 25, 2002 8:00 am Secretary of State 08-25-2002 90196 036 ****61.25

Principal Pl	lace of Busines	s	Mailing Address							
105 SHELL I BONITA SPE US	DRIVE RINGS FL 34134		105 SHELL DRIVE BONITA SPRINGS FL 341 US	34		(1881)(8(428)	B167 &1111 &4111 & B111 &	1141 8 8113 1141 15	- -	BIES čita 1884
2. Principa	l Place of Busin	ess	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	E-0004770			pplied For	
Zip Country		Zip	Cor	untry 5. Certificate of Status Desired		Not Applicable \$8.75 Additional				
	6 Nome	and Address of Current	Dorleton d'Annue		1			- F	ee Require	
	<u> </u>	and Address of Current	negistered Agent	-	Name	7. Name and Add	tress of New Reg	istered A	gent	
38										
	ock, Kennet LL Drive	ΓH			Street Addre	ss (P.O. Box Number is	Not Acceptable)			
BONITA	SPRINGS FL	34134			City				Zip Cod	<u> </u>
8 The abov	io nomed antibu		or the purpose of changing it					FL	1 '	
SIGNATURE		or printed name of registered agent	and title if applicable. (NO	E: Registered	d Agent signature requ	uired when reinstating)	·	DATE		
	After Sente	mher 13, 2002	9 Floation Co			4				
ty.		ember 13, 2002, be \$236.25.	9. Election Ca Trust Fund			\$5.00 May Be Added to Fees		Check I		
10.	min. will		Trust Fund			Added to Fees	Dep	artment	of State	•
TITLE	min. will	be \$236.25. OFFICERS AND DIF	Trust Fund	Contributi	on.	\$5.00 May Be Added to Fees	Dep	AND DIRE	of State	10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDELBROC 269 BAREF BONITA SP	be \$236.25. OFFICERS AND DIF	Trust Fund	11. TITLE NAME STREE	on. [Added to Fees	Dep	AND DIRE	Of State	10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD EDELBROC 269 BAREF BONITA SPI STD SANDER, R	OFFICERS AND DIF K, KENNETH R OOT BEACH BOULEV RINGS FL 34134	Trust Fund	11. TITLE NAME STREE CITY- TITLE NAME	T ADDRESS ST-ZIP	Added to Fees	Dep	AND DIRE	Of State	10
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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: