

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004857

1. Entity Name

FALLING WATERS NORTH PRESERVE, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90010 005 ****61.25

Principal Place of Business	Mailing Address
7200 DAVIS BLVD. NAPLES FL 34104	7200 DAVIS BLVD NAPLES FL 34104-5303 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI	Applied For
59-3535169	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SIESKY, JAMES H 1000 TAMiami TRAIL NORTH SUITE 201, THE FAIRWAY BUILDING NAPLES FL 34102

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 _____
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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YUTER, RONALD L 7200 DAVIS BLVD NAPLES FL 34104 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRIEDLAND, GARY 7200 DAVIS BOULEVARD NAPLES FL 34104 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COON, MARK 7200 DAVIS BOULEVARD NAPLES FL 34104 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLACK, SCOTT 7200 DAVIS BLVD NAPLES, FL 34104 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD malody, Patrick 7200 Davis Blvd NAPLES, FL 34104 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: Patrick Malody 1/24/00 941-774-5841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)