

2001 UNIFORM BUSINESS REPORT (UBR)

3/9.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-09-2001 90478 028 ****61.25

DOCUMENT # N96000004857

1. Entity Name

FALLING WATERS NORTH PRESERVE, INC.

Principal Place of Business

7200 DAVIS BLVD.
 NAPLES FL 34104

Mailing Address

7200 DAVIS BLVD
 NAPLES FL 34109
 US

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

59-3535169

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

SIESKY, JAMES H
1000 TAMiami TRAIL NORTH
SUITE 201, THE FAIRWAY BUILDING
NAPLES FL 34102

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 **TD** ☒ Delete
 NAME **CLACK, SCOTT**
 STREET ADDRESS **7200 DAVIS BLVD**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Puccia, Nancy**
 STREET ADDRESS **7200 DAVIS BLVD**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE **VPD** ☐ Delete
 NAME **FRIEDLAND, GARY**
 STREET ADDRESS **7200 DAVIS BOULEVARD**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE **VPTD** ☒ Change ☐ Addition
 NAME **malody, Patrick**
 STREET ADDRESS **7200 DAVIS BLVD**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE **PSD** ☐ Delete
 NAME **MALODLY, PATRICK**
 STREET ADDRESS **7200 DAVIS BLVD**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE **PSD** ☐ Change ☒ Addition
 NAME **malody, Patrick**
 STREET ADDRESS **7200 DAVIS BLVD**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE **D** ☐ Delete
 NAME **Noyes, John**
 STREET ADDRESS **14530 Red Fox Run #1**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **D** ☐ Change ☒ Addition
 NAME **Noyes, John**
 STREET ADDRESS **14530 Red Fox Run**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

3/2/01

Date

941-774-2100

Daytime Phone #

CR2E037 (10/00)