

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S54445

1. Entity Name

MARKET SQUARE PLAZA, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90058 012 ***150.00

Principal Place of Business

Mailing Address

4200 GULF SHORE BLVD. NORTH
NAPLES FL 34103
US

4200 GULF SHORE BLVD. NORTH
NAPLES FL 34103-3436
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

65-0275448

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

CATALANO, ANTHONY J.
4001 TAMiami TRAIL NORTH
SUITE 404
NAPLES FL 34103

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete

NAME LUTGERT, SCOTT F.
STREET ADDRESS 4200 GULF SHORE BLVD. N
CITY-ST-ZIP NAPLES FL

TITLE VSD ☐ Delete

NAME BAKER, RICHARD J.
STREET ADDRESS 4200 GULF SHORE BLVD. N
CITY-ST-ZIP NAPLES FL

TITLE VAS ☐ Delete

NAME GUTMAN, HOWARD
STREET ADDRESS 4200 GULF SHORE BLVD. N
CITY-ST-ZIP NAPLES FL

TITLE TD ☐ Delete

NAME GUTMAN, HOWARD
STREET ADDRESS 4200 GULF SHORE BLVD. N
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD B. GUTMAN

Date

Daytime Phone #

2/21/00

(941) 261-6100

CR2E034 (9/99)