

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90340 027 \*\*\*150.00

**DOCUMENT # P96000011927**



1. Entity Name  
**VILLAGE III, INC.**

Principal Place of Business  
**4200 GULF DORE BLVD. NORTH  
NAPLES FL 34103  
US**

Mailing Address  
**4200 GULF DORE BLVD. NORTH  
NAPLES FL 34103  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0669026**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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)  
**4001 TAMiami TRAIL NORTH  
SUITE 250**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUTGERT, SCOTT F	
STREET ADDRESS	4200 GULF SHORE BLVD NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BAKER, RICHARD J	
STREET ADDRESS	4200 GULF SHORE BLVD NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	GUTMAN, HOWARD B	
STREET ADDRESS	4200 GULF SHORE BLVD NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:** **HOWARD B. GUTMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/14/03** Daytime Phone # **(239) 261-6100**

CRE034 (10/02)