

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

FILED
Mar 11, 2002 8:00 am
Secretary of State

DOCUMENT # 334700

1. Entity Name

FLORIDA LANDMARK COMMUNITIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

226 E. Joel Blvd.

Suite, Apt. #, etc.

NA

City & State

Lehigh Acres, FL

Zip 33972

Country
US

3. Mailing Address

226 E. Joel Blvd.

Suite, Apt. #, etc.

NA

City & State

Lehigh Acres, FL

Zip 33972

Country
US

4. FEI Number

59-1024709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

John A. Natiello

Street Address (P.O. Box Number is Not Acceptable)

226 E. Joel Blvd.

City

Lehigh Acres,

FL

Zip Code
33972

**DO NOT WRITE
IN THIS SPACE**

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 NA

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE V
NAME Barbara A. Plambeck
STREET ADDRESS 226 E. Joel Blvd.
CITY-ST-ZIP Lehigh Acres, FL 33972

ADDITION

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500005145665--0
-03/22/02--01025--010
*****61.25 *****61.25

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN NATIELLO, VP

2/28/02

Date

941-368-3141

Daytime Phone #

CR2E034B (12/01)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 334700

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FLORIDA LANDMARK COMMUNITIES, INC.

Principal Place of Business

226 E. JOEL BLVD.
LEHIGH ACRES FL 33972
US

Mailing Address

226 E. JOEL BLVD.
LEHIGH ACRES FL 33972
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

59-1024709

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

NATIELLO, JOHN A
226 E. JOEL BLVD.
LEHIGH ACRES FL 33936

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 reissuing)

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAM I. LIVINGSTON	
STREET ADDRESS	226 E. JOEL BLVD.	
CITY-STATE-ZIP	LEHIGH ACRES FL 33972	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRANDELL, DONNIE R	
STREET ADDRESS	226 E. JOEL BLVD.	
CITY-STATE-ZIP	LEHIGH ACRES FL 33972	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLQUIST, LAURA A	
STREET ADDRESS	226 E. JOEL BLVD.	
CITY-STATE-ZIP	LEHIGH ACRES FL 33972	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, GREGORY M	
STREET ADDRESS	226 E. JOEL BLVD.	
CITY-STATE-ZIP	LEHIGH ACRES FL 33972	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	ALLISON, JANET	
STREET ADDRESS	226 E. JOEL BLVD.	
CITY-STATE-ZIP	LEHIGH ACRES FL 33972	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHN A. NATIELLO	
STREET ADDRESS	226 E. JOEL BLVD.	
CITY-STATE-ZIP	LEHIGH ACRES FL 33972	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE CORPORATE DR. STE 3A	
STREET ADDRESS	PALM COAST, FL 32137	
CITY-STATE-ZIP		
TITLE	T/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET HORVATH	
STREET ADDRESS	226 E. JOEL BLVD	
CITY-STATE-ZIP	LEHIGH ACRES, FL 33972	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES R. FAULKNER	
STREET ADDRESS	ONE CORPORATE DR. STE 3A	
CITY-STATE-ZIP	PALM COAST, FL 32137	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RON PRICE	
STREET ADDRESS	ONE CORPORATE DR STE 3A	
CITY-STATE-ZIP	PALM COAST, FL 32137	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN GREEN	
STREET ADDRESS	226 E. JOEL BLVD	
CITY-STATE-ZIP	LEHIGH ACRES, FL 33972	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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

2/5/02

Date

941-368-3141

Daytime Phone #

CR2034 (9/01)