

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90086 047 ***150.00

DOCUMENT # 347830

1. Entity Name
FLORIDA HOMES OF COLLIER, INC.

Principal Place of Business
4736 GOLDEN GATE PKWY.
STE E
NAPLES FL 34116
US

Mailing Address
4736 GOLDEN GATE PKWY.
STE E
NAPLES FL 34116
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 **59-1274195**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SCHMAELING, GEORGE A
2091 44TH TERRACE SOUTHWEST
NAPLES FL 33999

7. Name and Address of New Registered Agent

Name
SCHMAELING, GEORGE M.
 Street Address (P.O. Box Number is Not Acceptable)
4420 19TH AVE SW.
 City
NAPLES FL Zip Code
34116

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 *George Schmaeling* **4-29-02**
 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, 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	P <input checked="" type="checkbox"/> Delete
NAME	SCHMAELING, GEORGE A
STREET ADDRESS	2091 44TH TERRACE S.W.
CITY-ST-ZIP	NAPLES FL
TITLE	ST <input checked="" type="checkbox"/> Delete
NAME	SCHMAELING, BETTY J
STREET ADDRESS	2091 44TH TERRACE S.W.
CITY-ST-ZIP	NAPLES FL
TITLE	V. <input type="checkbox"/> Delete
NAME	RODGERS, DEBBIE A
STREET ADDRESS	5254 19TH AVENUE S.W.
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMAELING, GEORGE M
STREET ADDRESS	4420 19TH AVE SW.
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VONDERAU, DAVID M
STREET ADDRESS	16 FIRST ST.
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *George Schmaeling* **4-29-02** **239-455-3108**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)