

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90012 024 \*\*\*550.00

**DOCUMENT # 491203**

1. Entity Name  
**DOVE REALTY, INC.**



Principal Place of Business  
**9220 BONITA BEACH ROAD**  
**201**  
**BONITA SPRINGS FL 34135**

Mailing Address  
**PO BOX 110489**  
**NAPLES FL 34108**

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 **59-1656584**

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

**DOVE, EMIL WILSON**  
**9220 BONITA BEACH ROAD**  
**201**  
**BONITA SPRINGS FL 34135**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PS** ☐ Delete  
 NAME **DOVE, EMIL WILSON**  
 STREET ADDRESS **24840 BURNT PINE DR., STE 3**  
 CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE **V** ☐ Delete  
 NAME **CHRISTENSEN, BETTY JEAN**  
 STREET ADDRESS **256 VIKING WAY**  
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **9220 Bonita Beach Rd #201**  
 CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **9220 Bonita Beach Rd #201**  
 CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE ☐ Change ☐ Addition  
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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:

*Emil Wilson Dove*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/7/02 239-992-3392**  
 Date Daytime Phone

CR2E034 (4/02)