

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90011 018 \*\*\*150.00

**DOCUMENT # 579711**

1. Entity Name  
**LONGEVAL INVESTMENTS, INC.**

Principal Place of Business

4501 TAMiami TRAIL NORTH  
 SUITE 300  
 NAPLES FL 34103  
 US

Mailing Address

C/O QUARLES & BRADY LLP  
 4501 TAMiami TR N #300  
 NAPLES FL 34103-3023  
 US

615488



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1837697**

Applied For  
 Not Applicable

Zip  
 34103-3060

Country

Zip  
 34103-3060

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

MCMACKIN, JOSEPH F III  
 C/O QUARLES & BRADY LLP  
 4501 TAMiami TRAIL N STE 300  
 NAPLES FL 34103

Name **Naples Lawdock, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**c/o Quarles & Brady LLP**  
 4501 Tamiami Trail North, Suite 300  
 City **Naples** FL **34103-3060**

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

*[Signature]* **PRESIDENT** **1/28/00**  
**F. Joseph McMackin, III, President, Naples Lawdock, Inc.**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMACKIN, ELIZABETH S 4501 TAMiami TRAIL NORTH, SUITE 300 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE, NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMACKIN, JOSEPH F III 4501 TAMiami TRAIL NORTH, SUITE 300 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McMackin, F. Joseph III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPIRO, MARY ANN 4501 TAMiami TRAIL NORTH, SUITE 300 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
 Signature and typed or printed name of signing officer or director  
**F. Joseph McMackin, III, P/D, Longeval Investments**

01/28/00 (941) 434-4901

Date Daytime Phone #