

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 673025

1. Entity Name
UNION PROPERTIES OF SOUTHWEST FLORIDA, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90052 021 ***150.00

Principal Place of Business

Mailing Address

290 IBIS ST
FT MYERS FL 33931
US

290 IBIS ST
FT MYERS FL 33931-4518
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2067292**

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

CORCELLI, DONALD N.
9060 GULF SHORE DRIVE
NAPLES FL 34108

Name **DONALD N CORCELLI**

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

290 IBIS ST

City **FT MYERS BEACH FL** Zip Code **33931**

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

3/12/00

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

TITLE **VPDS** ☐ Delete
NAME **CORCELLI, MARY E.**
STREET ADDRESS **9060 GULF SHORE DR.**
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition
NAME **290 IBIS ST**
STREET ADDRESS **FT MYERS BEACH FL** **33931**
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **CORCELLI, DONALD N.**
STREET ADDRESS **9060 GULF SHORE DR.**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ Addition
NAME **290 IBIS ST**
STREET ADDRESS **FT MYERS BEACH FL** **33931**
CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/00

941.463.9531

CR2E034 (9/99)