

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732360

1. Entity Name

NAPLES TIERRA DEL SOL, INC.

Principal Place of Business

Mailing Address

C/O INTEGRATED PROPERTY MANAGEMENT, INC.
3435 10TH STREET NORTH, SUITE 201
NAPLES FL 33940

C/O INTEGRATED PROPERTY MANAGEMENT, INC.
3435 10TH STREET NORTH, SUITE 201
NAPLES FL 34103-3815

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

59-2004987

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

ADAMS, JOE
COLLIER PLACE ONE SUITE 100
3003 TAMiami TRAIL NORTH
NAPLES FL 33940

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 reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Delete
NAME PINX, BARBRA
STREET ADDRESS 5563 RATTLESNAKE HAMMOCK RD
CITY-ST-ZIP NAPLES FL

TITLE P/D ☐ Change ☒ Addition
NAME DeFrancesca, Frank
STREET ADDRESS 5563 Rattlesnake Hammock
CITY-ST-ZIP Naples, FL

TITLE VPD ☐ Delete
NAME HURST, BETTY
STREET ADDRESS 5563 RATTLE SNAKE HAMOCK RD C12
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Delete
NAME MULLINS BEATRICE
STREET ADDRESS 5563 RATTLESNAKE HAMMOCK RD A2
CITY-ST-ZIP NAPLES FL

TITLE D ☐ Change ☒ Addition
NAME Banco, Peter
STREET ADDRESS 5563 Rattlesnake Hammock
CITY-ST-ZIP Naples, FL

TITLE D ☐ Delete
NAME SERSHEN, KAREN
STREET ADDRESS 5563 RATTLESNAKE HAMMOCK RD
CITY-ST-ZIP NAPLES FL

TITLE S/T/D ☒ Change ☐ Addition
NAME Sershen, Karen
STREET ADDRESS 5563 Rattlesnake Hammock
CITY-ST-ZIP Naples, FL

TITLE D ☐ Delete
NAME SHARPE, KATHLEEN
STREET ADDRESS 5563 RATTLESNAKE HAMMOCK RD
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

FRANK

DEFRANCESCA 3/28/00

Date

941-434-7447

Daytime Phone #

CR2E037 (9/99)