

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770554

1. Entity Name

ORA AT CHOKOLOSKEE, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90033 028 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business STATE ROAD 29 CHOKOLOSKEE FL 34138 US	Mailing Address C/O LANDMARK MGMT. 4933 TAMIAMI TRL N. #200 NAPLES FL 34103-3028 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 58-1661582	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LANDMARK MANAGEMENT CO INC.
 2310 IMMOKALEE RD
 NAPLES FL 34110

7. Name and Address of New Registered Agent

Name: Landmark Management Co., Inc.
 Street Address (P.O. Box Number is Not Acceptable): 4933 Tamiami Trl. N., #200
 City: Naples FL Zip Code: 34103

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: *[Handwritten 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

TITLE: D	NAME: PETERS, RALPH	STREET ADDRESS: ST RD 29, LOT 20	CITY-ST-ZIP: CHOKOLOSKEE FL	<input type="checkbox"/> Delete
TITLE: D	NAME: GIQUERE, GASTON	STREET ADDRESS: ST RD 29, LOT 184	CITY-ST-ZIP: CHOKOLOSKEE FL	<input checked="" type="checkbox"/> Delete
TITLE: SD	NAME: CAMEJO, SHIRLEY	STREET ADDRESS: STATE RD 29 LAOT 142	CITY-ST-ZIP: CHOKOLOSEE FL 34138	<input type="checkbox"/> Delete
TITLE: DT	NAME: MOORE, JERRY	STREET ADDRESS: ST RD LOTG 76	CITY-ST-ZIP: CHOKOLOSKEE FL 34138	<input type="checkbox"/> Delete
TITLE: P	NAME: MACDERMID, WILLIAM	STREET ADDRESS: STATE RD 29 LOT 203	CITY-ST-ZIP: CHOKOLOSEE FL	<input checked="" type="checkbox"/> Delete
TITLE: D	NAME: RICHMOND, DONALD	STREET ADDRESS: STATE RD 29, LOT 233	CITY-ST-ZIP: CHOKOLOSKEE FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DVP	NAME: YOUNG, ROBERT	STREET ADDRESS: ST RD 29, LOT 61	CITY-ST-ZIP: CHOKOLOSKEE, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	NAME: CARDER, THEODORE	STREET ADDRESS: ST RD 29, LOT 88	CITY-ST-ZIP: CHOKOLOSKEE, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	NAME: JURY, JUDY	STREET ADDRESS: ST RD 29, LOT 87	CITY-ST-ZIP: CHOKOLOSKEE, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P	NAME: [Blank]	STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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. (941) 695-0212

SIGNATURE: *[Handwritten Signature]* JERRY R. MOORE Director/Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)