

2002 UNIFORM BUSINESS REPORT (UBR)

04-22-2002 90191 037 ****61.25

DOCUMENT # 770554

FILED
770554

1. Entity Name

ORA AT CHOKOLOSKEE, INC.

02 MAY -7 PH 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

STATE ROAD 29
CHOKOLOSKEE FL 34138
US

C/O LANDMARK MGMT. *FMS*
~~4933 TAMMIAMI TRL N #200~~ *5020 Tamiami Trail N #200*
NAPLES FL 34103
US



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

58-1661582

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

~~LANDMARK MANAGEMENT CO INC
4933 TAMMIAMI TR N #200
NAPLES FL 34103~~

Name
~~XXXXXXXXXXXXXXXXXXXX~~
Street Address (P.O. Box Number is Not Acceptable)
~~XXXXXXXXXXXXXXXXXXXX~~
FINANCIAL MANAGEMENT SERVICES
5020 TAMMIAMI TRAIL N. #200
City **NAPLES, FL 34103** **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

Dawn McCullough

Dawn McCullough

3/13/02

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------|----------------------|----------------------|-------------------------------------|
| D | PETERS, RALPH | ST RD 29, LOT 20 | CHOKOLOSKEE FL | <input type="checkbox"/> |
| D | CARDER, THEODORE | ST RD 29, LOT 184 | CHOKOLOSKEE FL | <input checked="" type="checkbox"/> |
| SD | CAMEJO, SHIRLEY | STATE RD 29 LAOT 142 | CHOKOLOSEE FL 34138 | <input type="checkbox"/> |
| DT | MOORE, JERRY | ST. RD LOTG 78 | CHOKOLOSKEE FL 34138 | <input type="checkbox"/> |
| D | JURY, JUDY | STATE RD 29, LOT 87 | CHOKOLOSEE FL | <input checked="" type="checkbox"/> |
| P | RICHMOND, DONALD | STATE RD 29, LOT 233 | CHOKOLOSKEE FL | <input checked="" type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|--------|---------------|-------------------|-----------------------|---------------------------------|-------------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| VP-D | Robert Young | 5125 29, LOT 61 | Chokoloskee, FL 34138 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | Normba Hynick | ST Rd 29 | Chokoloskee, FL 34138 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Tres-D | Frank Goeson | ST Rd 29, LOT 252 | Chokoloskee, FL 34138 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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]

3/13/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)