

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90660 021 \*\*\*158.75

**DOCUMENT # 820037**

1. Entity Name

**LELY DEVELOPMENT CORPORATION**

Principal Place of Business

**8825 TAMiami TRAIL EAST  
 NAPLES FL 33962**

Mailing Address

**8825 TAMiami TRAIL EAST  
 NAPLES FL 33962**

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

**59-1148037**

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

**DE LANGE, LUKE  
 8825 TAMiami TRAIL EAST  
 NAPLES FL 34113**

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

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, 2002 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

|                |                                |                                            |
|----------------|--------------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>DE LANGE, LUKE</b>          |                                            |
| STREET ADDRESS | <b>8825 TAMiami TRAIL EAST</b> |                                            |
| CITY-ST-ZIP    | <b>NAPLES FL 34113</b>         |                                            |
| TITLE          | <b>V</b>                       | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BRASETH, ROBERT</b>         |                                            |
| STREET ADDRESS | <b>5010 SAXONY COURT</b>       |                                            |
| CITY-ST-ZIP    | <b>CAPE CORAL FL</b>           |                                            |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>VAN DER LELY, HAROLD</b>    |                                            |
| STREET ADDRESS | <b>BUTZENWEG 20</b>            |                                            |
| CITY-ST-ZIP    | <b>ZUG, SWITZERLAND</b>        |                                            |
| TITLE          | <b>P</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>RYAN, JOSEPH</b>            |                                            |
| STREET ADDRESS | <b>8825 TAMiami TRAIL E</b>    |                                            |
| CITY-ST-ZIP    | <b>NAPLES FL 34113</b>         |                                            |
| TITLE          | <b>DST</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>VAN DER LELY RONALD</b>     |                                            |
| STREET ADDRESS | <b>BUTZENWEG 20</b>            |                                            |
| CITY-ST-ZIP    | <b>ZUG SW</b>                  |                                            |
| TITLE          |                                | <input type="checkbox"/> Delete            |
| NAME           |                                |                                            |
| STREET ADDRESS |                                |                                            |
| CITY-ST-ZIP    |                                |                                            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/02**

Date

**941-774-5333**

Daytime Phone #

0502880 AV

CR2E034 (9/01)