## FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

Luke de Lange, President

## 03 MAR 27 AM 10: 48 **DOCUMENT #820037** SECRETARY OF STATE TALL AHASSEE, FLORIDA 1. Entity Name LELY DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 8825 TAMIANI TRAIL EAST 8825 TANIAMI TRAIL EAST NAPLES, FL 33962 NAPLES, FL 33962 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 59-1148037 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired K Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE LANGE, LUKE 8825 TAMIAMI TRAIL EAST Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34113 CiN Zip Code FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agentsignature required when reinstrating) FILE NOW!() FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE X Change ☐ Addition CR2E034 (10/02) TITLE ☐ Delete de Lange, Luke NAME DE LANGE, LUKE NAME 8825 TAMIAMI TRAIL EAST 8825 Tamiami Trail East STREET ADDRESS STREET ADDRESS NAPLES, FL 34113 COY-ST-7(P Naples, Florida 34113 CITY-ST-ZP K Delete ☐ Change **X** Addition TITLE TITLE Traber, Celeste VAN DER LELY, HAROLD NAME NAME 8825 Tamiami Trail East **BUTZENWEG 20** STREET ADDRESS STREET ADDRESS Naples, Florida 34113 ZUG, SWITZERLAND, CITY-51-7P CffY-ST-ZIP ☐ Change TITLE X Delete TRIE Addition RYAN, JOSEPH NAME NAME \*\* 100015278691 \*\*\*04/03/03--01013--011 \*\*\*88.75 8825 TAMIAMI TRAIL E STREET ADDRESS STREET ADDRESS CITY-ST-ZP NAPLES, FLT 34113 CITY-ST-2IP TITLE Delete TOLE ☐ Change ☐ Addition NAME YAN DER LELY RONALD NAME 100015278691 04/03/03--01013--012 \*\*183,75 **BUTZENWEG 20** STREET ADDRESS STREET ANDRESS ZUG, SW CITY-ST-ZP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP 12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

A 3/20

239-774-5333

03/<u>2//03</u>