

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000043

1. Entity Name

PARK EAST DEVELOPMENT, LTD.

Principal Place of Business

5395  
5404 PARK CENTRAL COURT  
NAPLES FL 34109

Mailing Address

5395  
5404 PARK CENTRAL COURT  
NAPLES FL 34109

2. Principal Place of Business

5395 Park Central Ct.

3. Mailing Address

5395 Park Central Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617213

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, MICHAEL G

2171 PINE RIDGE ROAD STE D

NAPLES FL 34109

7. Name and Address of New Registered Agent

Name James B. O'Garra

Street Address (P.O. Box Number is Not Acceptable)

2344 Broadwing Ct

City

Naples

FL

Zip Code

34106

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.

James B. O'Garra, President  
Marquette Development Company, Inc.

DATE

Managing Gen'l Partner  
5/1/01

9. Capital Contributions as Shown on record.

\$0.00

10. Amount of Capital Contributions in FLORIDA to date.

\$12,588

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P99000027241  
NAME MARQUETTE DEVELOPMENT COMPANY  
STREET ADDRESS 5405 PARK CENTRAL COURT  
CITY-ST-ZIP NAPLES FL 34109

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5395 Park Central Ct.  
CITY-ST-ZIP Naples, FL 34109

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/01 (941) 593-1100

Date

Daytime Phone #

CR2E003 (11/00)

0010884 AF

FILED

01 JUN 29 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE