

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F31531

1. Entity Name  
LIFE PLANNING ASSOCIATES, INC.

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90206 031 \*\*\*550.00

Principal Place of Business

4706 S E 9TH PLACE  
PO BOX 1333  
CAPE CORAL FL 33910

Mailing Address

4706 S E 9TH PLACE  
PO BOX 1333  
CAPE CORAL FL 33910

2. Principal Place of Business

1950 COURTNEY DRIVE

Suite, Apt. #, etc.  
SUITE 202

City & State  
FORT MYERS, FL

Zip  
33901

Country  
USA

3. Mailing Address

1950 COURTNEY DRIVE

Suite, Apt. #, etc.  
SUITE 202

City & State  
FORT MYERS, FL

Zip  
33901

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2083985

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALCATERRA, MICHAEL R  
4706 S E 9TH PLACE  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

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

1950 COURTNEY DRIVE

SUITE 202

City FORT MYERS

FL

Zip Code 33901

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

7-18-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PV  
NAME CALCATERRA, MICHAEL R  
STREET ADDRESS 4706 S E 9TH PLACE  
CITY-ST-ZIP CAPE CORAL, FL 00000 ☐ Delete

TITLE ST  
NAME SOUSA, CARL A  
STREET ADDRESS 4706 S E 9TH PLACE  
CITY-ST-ZIP CAPE CORAL, FL 00000 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1950 COURTNEY DRIVE SUITE 202  
CITY-ST-ZIP FT. MYERS, FL 33901

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1950 COURTNEY DRIVE SUITE 202  
CITY-ST-ZIP FT. MYERS, FL 33901

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL R. CALCATERRA

Date

7-18-00

Daytime Phone #

941-418-0047

CR2E034 (5/00)