

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005775

1. Entity Name

DCI DEVELOPMENT, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90024 010 \*\*\*150.00

Principal Place of Business

Mailing Address

28000 SPANISH WELLS DRIVE  
BONITA SPRINGS FL 33923

28000 SPANISH WELLS DRIVE  
BONITA SPRINGS FL 33923

2. Principal Place of Business

P.O. Box 366879

3. Mailing Address

P.O. Box 366879

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

65-0527917

Applied For

Not Applicable

Zip

34136

Country

USA

Zip

34136

Country

USA

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MCARDLE, DAVID A  
STREET ADDRESS 4051 E. MAIN STREET  
CITY-ST-ZIP ST. CHARLES IL

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

TITLE DS ☐ Delete  
NAME KELLY, THOMAS J  
STREET ADDRESS 1600 E MAIN ST STE B  
CITY-ST-ZIP ST. CHARLES IL

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

TITLE V ☐ Delete  
NAME LANE, MICHAEL  
STREET ADDRESS 28000 SPANISH WELLS BLVD  
CITY-ST-ZIP BONITA SPRINGS FL

TITLE V ☒ Change ☐ Addition  
NAME Lane, Michael  
STREET ADDRESS P.O. Box 366879  
CITY-ST-ZIP Bonita Springs, FL 34136

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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

Date

Daytime Phone #

Thomas J. Kelly, Secretary, 1/31/00, (941) 992-9476

CR2E034 (9/99)