

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90273 002 \*\*\*150.00

**DOCUMENT # F96000003246**

1. Entity Name

QUAIL PLAZA, INC.

Principal Place of Business

Mailing Address

4500 EXECUTIVE DRIVE, STE 110  
 NAPLES FL 34119  
 US

4500 EXECUTIVE DRIVE, STE 110  
 NAPLES FL 34119-8907  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3883353

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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: PCDT  Delete  
 NAME: BROWN, THOMAS G  
 STREET ADDRESS: ONE LIBERTY PLAZA, 52ND FLOOR  
 CITY-ST-ZIP: NEW YORK NY

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS: 4500 Executive Dr, Ste 110  
 CITY-ST-ZIP: Naples, FL 34119

TITLE: VD  Delete  
 NAME: WALKER, KEVIN  
 STREET ADDRESS: ONE LIBERTY PLAZA, 52ND FLOOR  
 CITY-ST-ZIP: NEW YORK NY

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

TITLE: S  Delete  
 NAME: PIIPPONEN, JEFFREY A  
 STREET ADDRESS: 4500 EXECUTIVE DRIVE, STE 110  
 CITY-ST-ZIP: NAPLES FL 34119

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

TITLE:  Delete  
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TITLE:  Change  Addition  
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TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 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 another firm employed.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William N. Mitchell*  
 William N. Mitchell

04.27.00

Date

941.594.0100

Daytime Phone #

CR2E034 (9/99)