

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90176 017 ***150.00

0500284
 AV

DOCUMENT # J25099

1. Entity Name
QUAIL WOODS ESTATES DEVELOPMENT CORP.

Principal Place of Business
~~11983 TAMAMI TRAIL NORTH~~
~~SUITE #156~~
~~NAPLES FL 34110~~
4500 COURT WAY
NAPLES FL
34109

Mailing Address
~~11983 TAMAMI TRAIL NORTH~~
~~SUITE #156~~
~~NAPLES FL 34110~~
4500 COURT WAY
NAPLES FL
34109

2. Principal Place of Business
4500 COURT WAY
 Suite, Apt. #, etc.

3. Mailing Address
4500 COURT WAY
 Suite, Apt. #, etc.

City & State
NAPLES FL.

City & State
NAPLES FL.

Zip
34109

Country
COLLIER

Zip
34109

Country
COLLIER

4. FEI Number **59-2733926**

Applied For
☐ Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GUTTENPLAN, ELLIOT
~~11983 TAMAMI TRAIL NORTH~~
~~SUITE #156~~
~~NAPLES FL 34110~~
4500 COURT WAY
NAPLES, FL. 34109

7. Name and Address of New Registered Agent
 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 **ELLIOT GUTTENPLAN, PRES.**
~~ELLIOT GUTTENPLAN - PRES.~~
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **3/27/02**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUTTENPLAN, ELLIOT 11983 TAMAMI TRAIL NORTH NAPLES FL 34110 4500 COURT WAY NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLD, STEVEN 11983 TAMAMI TRAIL NORTH NAPLES FL 34110 4500 COURT WAY NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ELLIOT GUTTENPLAN**
 Signature and typed or printed name of signing officer or director
 Date **3/27/02** Daytime Phone # **941-592-0002**

CR2E034 (9/01)