

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**  
 03-22-2000 90086 009 \*\*\*150.00

**DOCUMENT # J53389**

1. Entity Name

**MOON LAKE DEVELOPMENT CO., OF NAPLES, INC.**

Principal Place of Business

C/O JEFFERY KANNENSOHN ATTY.  
 4501 TAMAMI TRAIL N. #400  
 NAPLES FL 34103  
 US

Mailing Address

4501 TAMAMI TR.  
 #400  
 NAPLES FL 34103-0023

2. Principal Place of Business

**KANNENSOHN ATTY**  
**5801 PELICAN BAY BLVD**  
 Suite, Apt. #, etc. **#300**  
**5801 PELICAN BAY BLVD**

3. Mailing Address

**5801 PELICAN BAY BLVD**  
 Suite, Apt. #, etc. **#300**

City & State

**NAPLES, FL**

City & State

**NAPLES**

4. FEI Number

**59-2788749**

Applied For

Not Applicable

Zip

Country

**34108-2709**

Zip

Country

**34108-2709**

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

**KANNENSOHN, JEFFREY**  
**4501 TAMAMI TRAIL N**  
**SUITE 400**  
**NAPLES FL 34103**

Name

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

**5801 PELICAN BAY BLVD #300**

City

**NAPLES**

**FL**

Zip Code

**34108-2709**

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

**BURTON A. BINDER PT**

**3-20-00**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>BINDER, BURTON A.</b> <b>1155 4TH ST. S</b> <b>NAPLES FL 34102</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>JASSY, JOHN</b> <b>895 TURTLE COURT</b> <b>NAPLES FL 33963</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**BURTON A. BINDER PT**

**3-20-00**

**941-434-7659**

CR2E034 (9/99)