

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J70250**

1. Entity Name

**GOPHER RIDGE II, INC.****FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90201 001 \*\*\*150.00

Principal Place of Business

Mailing Address

**3003 TAMiami TRAIL NORTH  
STE 400  
NAPLES FL 34103****3003 TAMiami TRAIL NORTH  
STE 400  
NAPLES FL 34103-2714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2800722**

Applied For

Not Applicable

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

**FLORA, TERRY L  
3003 TAMiami TRAIL N.  
NAPLES FL 34103**

Name

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

**Ste 400**

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	VD	<input type="checkbox"/> Delete
NAME	FLOOD, THOMAS J	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAYLOR, MICHAEL O	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	AT	<input type="checkbox"/> Delete
NAME	CORINA, ROBERT D	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FLORA, TERRY L	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VT	<input type="checkbox"/> Delete
NAME	OCONNOR, JOHN D	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COLLIER, MILES C	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flood, Thomas J.	
STREET ADDRESS	3003 Tamiami Trail N. Ste 400	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

**Terry L. Flora** **4/20/00** **941-261-4455**

CR2E034 (9/99)