

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90060 045 ***150.00

0339413

DOCUMENT # J72757

1. Entity Name

SEMINOLE TRAIL, INC.

Principal Place of Business

**ONE WOODLAND DR.
PUNTA GORDA FL 33982**

Mailing Address

**ONE WOODLAND DR.
PUNTA GORDA FL 33982**

7 0 2 0 0 0



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 **65-0014556**

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

**JOHNS, ALFRED M.
ONE WOODLAND DR
PUNTA GORDA FL 33982**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 PS
NAME **JOHNS, ALFRED M.** ☐ Delete
STREET ADDRESS **ONE WOODLAND DR**
CITY-ST-ZIP **PUNTA GORDA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME **SAFRON, ELWOOD P.** ☐ Delete
STREET ADDRESS **871 CONREID DR**
CITY-ST-ZIP **PORT CHARLOTTE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME **HARPER, DANIEL** ☐ Delete
STREET ADDRESS **6718 DANIEL CT, RT 5**
CITY-ST-ZIP **FT MYERS FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TD
NAME **JOHNS, ALFRED M.** ☐ Delete
STREET ADDRESS **ONE WOODLAND DR.**
CITY-ST-ZIP **PUNTA GORDA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Alfred M. Johns

3/13/01

Date

Daytime Phone # _____

CR2E034 (10/00)