

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J85652

1. Entity Name  
LOFT PROPERTIES, INC.  
PUNY DEPT OF  
CORPORATION

Principal Place of Business  
9751 MONTANA CT.  
9751 MONTANA CT.  
BONITA SPRINGS FL 34135  
US

Mailing Address  
9751 MONTANA CT  
9751 MONTANA CT.  
BONITA SPRINGS FL 34135-4707  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ROBERT VALENTINE LOFT  
9751 MONTANA CT.  
BONITA SPRINGS FL 33923-0793

7. Name and Address of New Registered Agent

Name ROBERT VALENTINE LOFT  
Street Address (P.O. Box Number is Not Acceptable)  
9751 MONTANA COURT  
City BONITA SPRINGS FL Zip Code 34135

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

TITLE PD  
NAME LOFT, ROBERT VALENTINE  
STREET ADDRESS 9751 MONTANA CT.  
CITY-ST-ZIP BONITA SPRINGS FL ☐ Delete

TITLE VICE PRES  
NAME LOFT, JOAN ELLEN  
STREET ADDRESS 9751 MONTANA CT.  
CITY-ST-ZIP BONITA SPRINGS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ 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

7 JANUARY 2000

941-495-1803

FILED  
Jan 14, 2000 8:00 am  
Secretary of State

01-14-2000 90019 017 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE | Applied For  
Not Applicable

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