

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90250 001 *1,772.50

DOCUMENT # J94396

1. Entity Name
VINEYARDS REALTY, INC.



Principal Place of Business
~~98 VINEYARDS BLVD.~~
NAPLES FL 34119
US

Mailing Address
~~98 VINEYARDS BLVD.~~
NAPLES FL 34119



2. Principal Place of Business

75 Vineyards Blvd.

3. Mailing Address

75 Vineyards Blvd.

Suite, Apt. #, etc.
500

Suite, Apt. #, etc.

500

City & State

City & State

4. FEI Number **65-0061540**

Applied For

Not Applicable

Zip Country

Zip Country

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

ROGERS, ROBERT F

~~98 VINEYARDS BLVD.~~

NAPLES FL 34119

Name

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

75 Vineyards Blvd. #500

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
NAME **PROCACCI, MARIA**
STREET ADDRESS ~~98 VINEYARDS BLVD.~~
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition
NAME **75 Vineyards Blvd**
STREET ADDRESS **5th Floor**
CITY-ST-ZIP **34119**

TITLE **P** ☐ Delete
NAME **SAADEH, MICHEL**
STREET ADDRESS ~~98 VINEYARDS BLVD~~
CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☒ Change ☐ Addition
NAME **75 Vineyards Blvd**
STREET ADDRESS **5th Floor**
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME ~~SWITZER, THOMAS~~
STREET ADDRESS ~~98 VINEYARDS BLVD~~
CITY-ST-ZIP **NAPLES FL 34119**

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

TITLE **V** ☐ Delete
NAME **ROGERS, JILL**
STREET ADDRESS ~~98 VINEYARDS BLVD~~
CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☒ Change ☐ Addition
NAME **75 Vineyards Blvd**
STREET ADDRESS **5th Floor**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Michael Sadeh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03

Date

239-304-3444
Daytime Phone #

CR2E034 (10/02)