

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004742

1. Entity Name  
CORAL REEF DEVELOPMENT, LLC

FILED

01 MAY -1 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
% LANDMARK DEVELOPMENT GROUP  
2154 TRADE CENTER WAY, SUITE 3  
NAPLES FL 34109

Mailing Address  
% LANDMARK DEVELOPMENT GROUP  
2154 TRADE CENTER WAY, SUITE 3  
NAPLES FL 34109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O  
Landmark Development Group

3. Mailing Address C/O  
Landmark Development Group

Suite, Apt. #, etc.  
5668 Strand Court, #108

Suite, Apt. #, etc.  
5668 Strand Court, #108

City & State  
Naples, FL

City & State  
Naples, FL

Zip  
34110

Country  
US

Zip  
34110

Country  
US

4. FEI Number  
59-3653774

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CLASP INC.  
3001 TAMiami TRAIL NORTH  
NAPLES FL 34103

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOT) Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

200004274962--0  
-05/21/01--01187--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAFRAN, ARTHUR A 2154 TRADE CENTER WAY, SUITE 3 NAPLES FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Landmark Development Group, LLC 5668 Strand Court, #108 Naples, FL 34110	<input checked="" 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
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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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver, trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: By: ARTHUR SHAFRAN SIGNATURE REQUIRED: ARTHUR SHAFRAN, its Manager 941-597-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)