

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20680

1. Entity Name

FALLING WATERS DEVELOPMENT CORPORATION

Principal Place of Business

6607 CHESTNUT CIR
NAPLES FL 34109
US

Mailing Address

6607 CHESTNUT CIR
NAPLES FL 34109
US

2. Principal Place of Business

2223 TRADE CENTER WAY

Suite, Apt. #, etc.

3. Mailing Address

2223 TRADE CENTER WAY

Suite, Apt. #, etc.

City & State

NAPLES FL 34109

City & State

NAPLES FL 34109

Zip

34109

Country

USA

Zip

34109

Country

USA

4. FEI Number

65-0165137

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIESKY, JAMES H.
1000 N. TAMiami TRAIL
SUITE 201
NAPLES FL 33940

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

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, 2002 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 DP ☐ Delete
NAME HUBSCHMAN, SAMUEL
STREET ADDRESS 7200 DAVID BLVD
CITY-ST-ZIP NAPLES FL

TITLE D ☐ Delete
NAME HUBSCHMAN, HARRISON
STREET ADDRESS 7200 DAVID BLVD
CITY-ST-ZIP NAPLES FL

TITLE D ☐ Delete
NAME HUBSCHMAN, ALBERT
STREET ADDRESS 7200 DAVID BLVD
CITY-ST-ZIP NAPLES FL

TITLE D ☐ Delete
NAME BEYRENT, TERYL H.
STREET ADDRESS 7200 DAVID BLVD
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2223 TRADE CENTER WAY
CITY-ST-ZIP NAPLES FL 34109

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2223 TRADE CENTER WAY
CITY-ST-ZIP NAPLES FL 34109

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

TITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRISON HUBSCHMAN 4/16/02 566-2780

Date

Daytime Phone #

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90199 025 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)