

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90107 036 ***150.00

DOCUMENT # L77509

1. Entity Name

**COMMUNITY DEVELOPMENT CORPORATION OF STERLING OA
KS**

Principal Place of Business

**16990 TAMiami TRAIL N.
NAPLES FL 34110**

Mailing Address

**4863 GOLDEN GATE PARKWAY
NAPLES FL 34116**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0203655

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

KAYE, STUART O

**4863 GOLDEN GATE PARKWAY
NAPLES FL 34116**

Name

Peter M. Commette

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

1323 Southeast Third Ave

City

Ft. Lauderdale

FL

Zip Code

33316

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

4/24/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DPST KAYE, STUART O.	☐ Delete
STREET ADDRESS	16990 TAMiami TRAIL N.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE NAME	V KAYE, C J	☐ Delete
STREET ADDRESS	16990 TAMiami TRAIL N	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		☒ Change ☐ Addition
STREET ADDRESS	5979 Pine Ridge Rd.	
CITY-ST-ZIP	Naples, FL 34119	
TITLE NAME		☒ Change ☐ Addition
STREET ADDRESS	5979 Pine Ridge Rd.	
CITY-ST-ZIP	Naples, FL 34119	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
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

Date

Daytime Phone #

CR2E034 (9/01)