## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **N97000005310**

## THE PLANTATIONS AT TARA GOLF & COUNTRY CLUB ASSO

2666 AIRPORT RD., S. NAPLES FL 34112

Principal Place of Business

of the corporation or the receiver or trustee changed, or on an attachment with an article

**SIGNATURE:** 

Mailing Address

2666 AIRPORT RD., S. NAPLES FL 34112-4885

					DIA 1819: 1881: ARINI 88111 88111 88111 88111 8811	<b>             </b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address	Suite, Apt. #, etc.  City & State					
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
		City & State			4. FEI Number Applied For Applied For			
					<b>59-3495487</b> Not Applicable			
		Zip	Country	5. Certificate	cate of Status Desired .   \$8.75 Additional Fee Required			
	6. Name and Address of Curre	ent Registered Agent		7,_Name and	Address of New Registered A	gent		
			Name	Name				
HIGGS, WILLIAM T			Street Address (P.O. Box Number is Not Acceptable)					
NAPLES F	ORT RD., S.							
MATULS	L 34112		City		FL	Zip Code	e	
8. The above	named entity submits this statemen	nt for the purpose of changing its	registered office of	r registered agent, or both	h, in the state of Florida.	J	<del></del>	
o. The above	Trained Criticy Submits and Statemer	ic for the purpose of changing its	registered office of	regionaled agent, or both	i, in the state of Florida.			
SIGNATURE .	Signature, typed or printed name of registered as	Alor	F. Basisland Anathras	ure required when reinstating)	DATE		<del>_</del>	
	Signature, typed or printed name of registered as	gent and title if applicable, (NO)	E. Hegistereo Agent signat	ure required when reinstating)	DAIE			
			<b>.</b>	Service All an All and				
	FILE NOW:	<ol> <li>Election Campaigr</li> <li>Trust Fund Contrib</li> </ol>	~ —	\$5.00 May Be Added to Fees	Make Check Payable to Department of State			
	FEE IS \$61.25	ridat i dila contrib		Added to Fees	Department (	Ji State		
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	☐ Delete	TITLÉ	<del></del>		☐ Change	Addition	
NAME	HIGGS, WILLIAM T		NAME					
STREET ADDRESS	2666 AIRPORT RD S		STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL 34112		CITY-ST-ZIP	·				
TITLE	DVP	☐ Delete	TITLE			☐ Change	Addition	
NAME	HIGGS, ANTONIA		NAME		•			
STREET ADDRESS CITY-ST-ZIP	2666 AIRPORT RD S		STREET ADDRESS  CITY-ST-ZIP					
	NAPLES FL 34112	Delete	TITLE		<u> </u>	☐ Change	☐ Addition	
title Name	LOIACANO, MATTHEW J	☐ Delete	NAME			Change	Addition	
STREET ADDRESS	2666 AIRPORT RD S		STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL 34112		CITY-ST-ZIP					
TITLE	T	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	BLACK, BRAD		NAME		•	-		
STREET ADDRESS	2666 AIRPORT ROAD S		STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL 34112		CITY-ST-ZIP		<u></u>			
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
	·			<u> </u>			□ Addis==	
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
name Street address			STREET ADDRESS					
CITY-ST-ZIP			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 sequired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED** 

May 23, 2000 8:00 am Secretary of State

05-23-2000 90265 001 \*\*\*\*61.25