

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90370 044 ***150.00

DOCUMENT # P00000000058

1. Entity Name

CABBAGE PALM DEVELOPMENT, INC.

Principal Place of Business

**11341 LINEBERG BLVD.
 FORT MYERS FL 33913**

Mailing Address

**13300-56 S CLEVELAND AVE
 PMB 236
 FORT MYERS FL 33907**

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

65-0975580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DUNCAN, GORDON R
 1601 JACKSON STREET
 SUITE 101
 FT MYERS FL 33901**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BAILEY, RAYMOND**
 CITY-ST-ZIP **7500 CAMERON CIR.
 FT MYERS FL 33912**

TITLE ☒ Change ☐ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **BAILEY, RAYMOND**
 CITY-ST-ZIP **12581 WALDEN RUN
 FORT MYERS FL 33913**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PARNES, MARC I**
 CITY-ST-ZIP **10101 SW 62ND AVE.
 MIAMI FL 33156**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DAVID, C. DAVID**
 CITY-ST-ZIP **12101 PINE NEEDLE LANE
 MIAMI FL 33156**

TITLE ☒ Change ☐ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **DAVID, C. DAVID**
 CITY-ST-ZIP **16725 SW 82ND COURT
 MIAMI, FL 33157**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **OWENS, BRIAN A**
 CITY-ST-ZIP **435 DOCKSIDE DR. # 1002
 NAPLES FL 34110-3607**

TITLE ☒ Change ☐ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **OWENS, BRIAN A.**
 CITY-ST-ZIP **13300-56 S. CLEVELAND AVE, PMB 236
 FORT MYERS, FL 33907**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 941-561-3456
 Date Daytime Phone #

CR2E034 (9/01)