

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90095 016 \*\*\*150.00

DOCUMENT # P00000046601

1. Entity Name

DONALD C. CARINI, P.A.

Principal Place of Business

319 COUNTRY CLUB DR.  
NAPLES FL 34110

Mailing Address

319 COUNTRY CLUB DR.  
NAPLES FL 34110

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

59-3644134

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

CARINI, DONALD C  
319 COUNTRY CLUB DR.  
NAPLES FL 34110

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, 2001 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  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CARINI, DONALD C  
319 COUNTRY CLUB DR.  
NAPLES FL 34110 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CARINI, REBECCA S  
319 COUNTRY CLUB DR.  
NAPLES FL 34110 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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

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

Date

Daytime Phone #

CR2E034 (10/00)

Direct: 800-366-9063  
After Hours: 941-596-6989  
Office: 941-435-9000  
x5502  
ax: 941-593-3111

0001 Tamiami Trail North  
Naples, Florida 34108

lcarini@naplesmls.com

Attachment

650717

P 000000 46601



May 2, 2001

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

To who it may concern,

Enclosed please find my 2001 Uniform Business Report (UBR) and the renewal fee of \$150.00. Due to family illness, I am mailing this overnight on May 2, 2001. I am a small business man, and this is my first time to renew. I appreciate your kind consideration accepting this and for the helpful person I spoke with on the phone today. Please accept this explanation and be assured I will mail early next year so as not to have this happen again. Again, thanks for your kind consideration in this matter.

Sincerely,

Don C. Carini, P.A.  
FEI Number 59-3644134

Enclosures (2)



Don Carini  
Real Estate, Into Focus

