

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 27, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000053245**1. Entity Name
VILLA UCCI PROPERTIES, INC.

Principal Place of Business

10457 7TH STREET N.

NAPLES
34108

FL

Mailing Address

10457 7TH STREET N.

NAPLES
34108

FL

2. Principal Place of Business

127 E. TAMPA AV.

3. Mailing Address

127 E. TAMPA AV.

Suite, Apt. #, etc.
SUITE 3Suite, Apt. #, etc.
SUITE 3City & State
VENICE

FL

City & State
VENICE

FL

Zip
34285

Country

Zip
34285

Country

4. FEI Number

65-1106566

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EDWARDS DIAN M
1842 40TH TERRACE S.W.NAPLES
34116

US

FL

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)

07/27/2001

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSCM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VELLUCCI MICHAEL J		
STREET ADDRESS	1200 GULF BLVD.		
CITY-ST-ZIP	ENGLEWOOD FL 34223		
TITLE	PTD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DOBBIN KELLY A		
STREET ADDRESS	2655 N. BEACH RD.		
CITY-ST-ZIP	ENGLEWOOD FL 34223		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: Michael Vellucci

VSCM

07/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)