

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053808

1. Entity Name
DELEON RESIDENCES INTERNATIONAL, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 30 PM 1:38

Principal Place of Business
229 N. COLLIER BOULEVARD
SAND DOLLAR PLAZA
MARCO ISLAND FL 34145

Mailing Address
229 N. COLLIER BOULEVARD
SAND DOLLAR PLAZA
MARCO ISLAND FL 34145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
247 N. Collier Blvd

3. Mailing Address
247 N. Collier Blvd.

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
Marco Island, FL 34145

City & State
Marco Island, FL 34145

4. FEI Number
65-1019055

Applied For
Not Applicable

Zip
Country

Zip
Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROCHE, CHRISTOPHER A
229 N. COLLIER BOULEVARD
SAND DOLLAR PLAZA
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name
William G. Morris, Esq.
Street Address (P.O. Box Number is Not Acceptable)
247 N. Collier Boulevard
Suite 202
City
Marco Island, FL FL Zip Code
34145

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 DATE 8/27/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D SMITH, THOMAS B
9C MONTGOMERIE TERR. SKELMOVLIE, AYRSHIRE
SCOTLAND, PA 17 5DT

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004572198--4
-03/06/01--01047--006
****550.00 ****550.00

TITLE
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CITY-ST-ZIP

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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 a address, with all other like empowered.

SIGNATURE: 17th August 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0087450 AV

CR2E034 (5/01)