

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90020 049 ***150.00

0533921

DOCUMENT # P00000060017

1. Entity Name
CAHILL & PARKINSON REALTY, INC.

Principal Place of Business
 1625 S.E. 47TH TERR., #3
 CAPE CORAL FL 33904-8716

Mailing Address
 1625 S.E. 47TH TERR., #3
 CAPE CORAL FL 33904-8716

2. Principal Place of Business
9853 N. Tamiami Tr
 Suite, Apt. #, etc.
202

3. Mailing Address
3501 Del Prado Blvd
 Suite, Apt. #, etc.
100

City & State
Naples, FL
 Zip
34108

Country
USA

City & State
Cape Coral, FL
 Zip
33904

Country
USA

4. FEI Number
65-1022707

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

CAHILL, JAMES P
1625 S.E. 47TH TERR., #3
CAPE CORAL FL 33904-8716

7. Name and Address of New Registered Agent

Name **Cahill, James P**
 Street Address (P.O. Box Number is Not Acceptable)
3501 Del Prado Blvd
Suite 100
 City **Cape Coral** **FL** Zip Code **33904**

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 *James P. Cahill*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/01
 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 **PVTD** ☐ Delete
 NAME **CAHILL, JAMES P**
 STREET ADDRESS **1625 S.E. 47TH TERR., #3**
 CITY-ST-ZIP **CAPE CORAL FL 33904-8716**

TITLE **SD** ☐ Delete
 NAME **HEANEY, CAROL A**
 STREET ADDRESS **2262 ARBOUR WALK CIR., #1624**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVTD** ☒ Change ☐ Addition
 NAME **Cahill, James P**
 STREET ADDRESS **3501 Del Prado Blvd Suite 100**
 CITY-ST-ZIP **Cape Coral, FL 33904**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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: *James P. Cahill*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01
 Date

941-540-4242
 Daytime Phone #

CR2E034 (10/00)