

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90111 015 \*\*\*158.75

DOCUMENT # P00000104302

1. Entity Name  
TWINEAGLES REALTY OF COLLIER COUNTY, INC.



Principal Place of Business  
3451 BONITA BAY BLVD STE 202  
BONITA SPRINGS FL 34134

Mailing Address  
3451 BONITA BAY BLVD STE 202  
BONITA SPRINGS FL 34134



2. Principal Place of Business

9990 Coconut Rd

3. Mailing Address

9990 Coconut Rd

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Bonita Springs FL

City & State

Bonita Springs FL

Zip

34135

Country

USA

Zip

34135

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1056895

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GILKEY, DENNIS E  
3451 BONITA BAY BLVD STE 202  
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9990 Coconut Road

Suite 200

City

Bonita Springs

FL

Zip Code

34135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME GILKEY, DENNIS E ☐ Delete  
STREET ADDRESS 3451 BONITA BAY BLVD #202  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE V  
NAME SANDOR, GARY M ☐ Delete  
STREET ADDRESS 3451 BONITA BAY BLVD #202  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ST  
NAME SCHESTAG, HARVEY R ☐ Delete  
STREET ADDRESS 3451 BONITA BAY BLVD #202  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE AV  
NAME DEERING, CHERYL ☐ Delete  
STREET ADDRESS 3451 BONITA BAY BLVD #202  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D  
NAME LUCAS, DAVID ☐ Delete  
STREET ADDRESS 3451 BONITA BAY BLVD STE 202  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9990 Coconut Road; Suite 200  
CITY-ST-ZIP Bonita Springs FL 34135

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9990 Coconut Road Suite 200  
CITY-ST-ZIP Bonita Springs FL 34135

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9990 Coconut Road; Suite 200  
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TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9990 Coconut Road; Suite 200  
CITY-ST-ZIP Bonita Springs FL 34135

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/03 239-495-1000

CR2E034 (10/02)