2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000104302 **DOCUMENT #**

1. Entity Name

TWINEAGLES REALTY OF COLLIER COUNTY, INC.



FILED

| TO STATE OF THE ST |
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| 3451 BONITA | ce of Business I BAY BLVD STE 202 INGS FL 34134 | Mailing Address 3451 BONITA BAY BLVD S | | | | | |
|-------------------------------|---|--|-------------------------------|--|--|--|--|
| DUNITA SEN | MGS FL 34134 | BONITA SPRINGS FL 34134 | 4 | | 1 (68) (68) (18) (18) (18) (18) (18) (18) | 184 17814 88744 01088 1771 88718 1784 7801 | |
| 2. Principal F | Place of Business | 3. Mailing Address | | Rd | | | |
| Suite, Apt | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | |
| City & Sta | | City & State | rinen | FL | 4. FEI Number 65-1056895 | Applied For Not Applicable | |
| 341 | SS Country | 34135 | Country | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current R | egistered Agent | | · | 7. Name and Address of New Regis | tered Agent | |
| CILVEY I | DENING E | | Nāme | | | | |
| | DENNIS E | | Skeet | Address (F | P.O. Box Number is Not Acceptable) | | |
| | NITA BAY BLVD STE 202 | | 99 | Geal address (P.O. Box Number is Not Acceptable) | | | |
| DUNITA | SPRINGS FL 34134 | | | Su | ute 200 | | |
| • | | | - 92 y | ~ t | Soring | FL ZiaCade 25 | |
| 8. The above | named entity submits this statement for | the purpose of changing its re | egistered office | or registers | od agent, or both, in the State of Florida | | |
| the obligat | tions of registered agent. | and parpoon of changing its re | ogiotorou amac | or registere | | r airi fairilliai with, and accept | |
| SIGNATURE . | | | | | | | |
| OIGHVII OIL | Signature, typed or printed name of registered agent and | d title if applicable. (NOTE: F | Registered Agent sign | ature required | when reinstating) | DATE | |
| F | ILE NOW!!! FEE IS \$150.00 | | 70/ | | | | |
| | r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$ | State | | | Election Campaign Financi Trust Fund Contribution. | ng \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND D | IRECTORS | 11. | | ADDITIONS/CHANGES TO OFFICER | S AND DIRECTORS IN 11 | |
| TITLE | D CH KEY DENING E | ☐ Delete | TITLE | | | © Change ☐ Addition S | |
| NAME STREET ADDRÉSS | Gilkey, Dennis e 3451 Bonita Bay Blvd #202 | • | NAME | 200 | 10 Coconut Ro | 2014-20-0 | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | | STREET ADDRESS CITY-ST-ZIP | · | | = 31/25 B | |
| TITLE | V | □ Delete | TITLE | 150 | nita Sprinao | PChange Addition 800 PL 34136 | |
| NAME | SANDOR, GARY M | □ Delete | NAME | | | • | |
| STREET ADDRESS | 3451 BONITA BAY BLVD #202 | | STREET ADDRESS | 99 | go coconut R | Road Suite 200 | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | | CITY-ST-ZIP | Be | nita Springo | | |
| TITLE | ST | | TITLE | | and the second of the second o | Change - Addition | |
| NAME | SCHESTAG, HARVEY R | | NAME | 1 | | 0 . 0.1-0 | |
| STREET ADDRESS CITY-ST-ZIP | 3451 BONITA BAY BLVD #202 BONITA SPRINGS FL 34134 | | STREET ADDRESS | | 90 Coconut | Road; Suite 200 | |
| TITLE | AV | | CITY-ST-ZIP | $+\infty$ | nita springo | FL 34135 | |
| NAME | DEERING, CHERYL | ☐ Delete | TITLE NAME | 1 | | G-Change | |
| STREET ADDRESS | 3451 BONITA BAY BLVD #202 | | STREET ADDRESS | 99 | 90 Cacanut i | Road Stite 200 | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | | CITY-ST-ZIP | Bo | 90 Coconut nita Springo 1 | FL 34135 | |
| TITLE | D | ☐ Delete | TITLE | 1 | | ☐ Change ☐ Addition | |
| NAME | LUCAS, DAVID | | NAME | 1 | | 0 | |
| STREET ADDRESS CITY-ST-ZIP | 3451 BONITA BAY BLVD STE 202 BONITA SPRINGS FL 34134 | | STREET ADDRESS CITY-ST-ZIP | 1996 | to Coconut | road; suite 200 | |
| TITLE | | □ n.u. | | | ita Springo F | | |
| NAME | | ☐ Delete | i title Name | | | ☐ Change ☐ Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| 12. I hereby c | ertify that the information supplied with the | is filing does not qualify for th | e exemption sta | ated in Sec | tion 119.07(3)(i), Florida Statutes. I furth | er 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.

AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR **SIGNATURE:**