

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

02-26-2002 90065 013 ***150.00

DOCUMENT # P00000116370

1. Entity Name
SUNSET CAY LAKES DEVELOPMENT, INC.

NIC
8/2/02
(initials)

Principal Place of Business
4500 EXECUTIVE DRIVE STE 300
NAPLES FL 34119

Mailing Address
4500 EXECUTIVE DRIVE STE 300
NAPLES FL 34119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4500 Executive Dr.

3. Mailing Address
4500 Executive Dr.

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

City & State
Naples FL

City & State
Naples FL

4. FEI Number **APPLIED FOR**
 Applied For
 Not Applicable

Zip **34119** **Country** **USA**

Zip **34119** **Country** **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSEN, DAVID L
4501 TAMIAMI TRAIL NORTH STE 300
NAPLES FL 34103

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. 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** _____

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 13, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURGESSON, RICHARD		NAME		
STREET ADDRESS	4500 EXECUTIVE DRIVE, STE. 300		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34119		CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLSON, KARIN		NAME		
STREET ADDRESS	4500 EXECUTIVE DRIVE, STE. 300		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34119		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *KARIN COLSON*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/02 (94) 577 A04
 Date Daytime Phone #

CR2E034 (4/02)

Memo

Attachment #

P000000116370

383/2

To: Whom it may Concern
From: Karin Colson
Date: 07/03/2002
Subject: UBR report


Please find enclosed a copy of the canceled check that was sent in February of 2002 paying for this UBR report.

Please call (239) 597-9064 and ask for Kari with any questions.

Thank for your help in clearing up this matter.

Attachment
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38312

PORT OF THE ISLANDS CONSTRUCTION		AMOUNT	
6672 STRAND COURT SUITE 2		10599	
NAPLES, FL 34110		928241	
One Hundred Fifty & 00/100 Dollars		CHECK NO.	
DATE		10599	
02/06/02		AMOUNT	
\$*****150.00		10599	
PAY TO THE ORDER OF		AUTHORIZED SIGNATURE	
FLORIDA DEPT. OF STATE			
OF 03		10599	

Security features are included. Details on back.

010599 0631046681 4640027422

0000015000

ENDORSE HERE
X

Attachment
P00000116370


38312

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE
FEB 19 2002

2111 32510

MD - 1 02

BANK OF AMERICA, NA, JAX
#0630000474 E3561 96 P15
03/01/02

 The security features listed below, as listed, exceed industry guidelines.
Security Features: Results of Government evaluation.
Security Screen: Available on Original Check.
MicroPrint Line: Small type - 100 lines per inch.
*FEDERAL RESERVE BOARD OF
RES REG. CC

0620000019
03/01/02