

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90208 040 ***150.00

DOCUMENT # P01000070969

1. Entity Name
PHILBROOK DEVELOPMENT, INC.

Principal Place of Business
1400 GULF SHORE BLVD N. STE 121B
NAPLES FL 34102

Mailing Address
P.O. BOX 1122
NAPLES FL 34106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1400 Gulf Shore Blvd. N.

Suite, Apt. #, etc.

107A

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples FL 34102

City & State

Zip

Country

Zip

Country

4. FEI Number

29-373 2081

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SULLIVAN, ROBERT J
1400 GULF SHORE BLVD N, STE 121B
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

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

1400 Gulf Shore Blvd N

107A

City

Naples, FL 34102

Zip Code

34102

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

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 \$150.00
After May 1, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Robert J. Sullivan	1400 Gulf Shore Blvd N	# 107A, Naples, FL 34102	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	G. Donald Love	1400 Gulf Shore Blvd N	# 107A	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Naples, FL 34102			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. (ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11)

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	P/D			
	Robert J. Sullivan	1400 Gulf Shore Blvd. N. #107A	NAPLES, FL 34102	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	C/D			
	G. Donald Love	1400 Gulf Shore Blvd. N. #107A	Naples, FL 34102	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D			
	David Sexton	1400 Gulf Shore Blvd. N. #107A	Naples, FL 34102	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	T/S			
	Jenny Rees - Anderson	1400 Gulf Shore Blvd. N. #107A	Naples, FL 34102	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X **BEFORE SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

941-430-0042

Daytime Phone #

CR2E034 (9/01)