

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90198 016 \*\*\*150.00

DOCUMENT # P01000070969

1. Entity Name  
PHILBROOK DEVELOPMENT, INC.



Principal Place of Business  
~~1400 GULF SHORE BLVD. NORTH~~  
~~SUITE 107-A~~  
~~NAPLES FL 34102~~

Mailing Address  
P.O. BOX 1122  
NAPLES FL 34106



2. Principal Place of Business

225 Banyan Blvd

3. Mailing Address

225 Banyan Blvd

Suite, Apt. #, etc.

# 210

Suite, Apt. #, etc.

# 210

City & State

Naples FL

City & State

Naples FL

Zip

34102

Country

Zip

34102

Country

4. FEI Number 59-3732081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SULLIVAN, ROBERT J  
~~1400 GULF SHORE BLVD. NORTH~~  
~~SUITE 107-A~~  
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

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

225 Banyan Blvd

# 210

City

Naples

FL

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

SIGNATURE *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

4-2-03

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 PD  
NAME SULLIVAN, ROBERT J  
STREET ADDRESS 1400 GULF SHORE BLVD. N #107-A  
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE CD  
NAME LOVE, G. DONALD  
STREET ADDRESS 1400 GULF SHORE BLVD. N #107-A  
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE D  
NAME SEXTON, DAVID  
STREET ADDRESS 1400 GULF SHORE BLVD. N #107-A  
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE TS  
NAME REES- ANDERSON, JENNY  
STREET ADDRESS 1400 GULF SHORE BLVD. N #107-A  
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME 225 Banyan Blvd ☒ Change ☐ Addition  
STREET ADDRESS # 210  
CITY-ST-ZIP NAPLES, FL, 34102

TITLE  
NAME 225 Banyan Blvd ☒ Change ☐ Addition  
STREET ADDRESS # 210  
CITY-ST-ZIP NAPLES, FL 34102

TITLE  
NAME 225 Banyan Blvd ☒ Change ☐ Addition  
STREET ADDRESS # 210  
CITY-ST-ZIP NAPLES, FL 34102

TITLE  
NAME 225 Banyan Blvd ☒ Change ☐ Addition  
STREET ADDRESS # 210  
CITY-ST-ZIP NAPLES, FL 34102

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

TITLE  
NAME ☐ Change ☐ Addition  
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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-03

Date

Daytime Phone #

CR2E034 (10/02)