

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000092604

1. Entity Name
VICTORIA WATERFRONT DEVELOPMENT, INC.



Principal Place of Business
4905 CHIQUITA BLVD S. STE 101
CAPE CORAL FL 33419-6967

Mailing Address
4905 CHIQUITA BLVD S. STE 101
CAPE CORAL FL 33419-6967

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SCHUTT, DARRIN R ESQ
1105 CAPE CORAL PKWY E
CAPE CORAL FL 33904

4. FEI Number 65-0799239

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME POWELL, MARJORIE ☐ Delete
STREET ADDRESS 4206 SE 20TH PL
CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE VP
NAME LOWENDICK, DURANCE ☐ Delete
STREET ADDRESS 5503 SW 14TH AVE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE
NAME LOWENDICK, DURANCE ☒ Change ☐ Addition
STREET ADDRESS 2200 CENTRY PARKWAY SUITE 750
CITY-ST-ZIP ATLANTA, GA 30345

TITLE S
NAME CLARKE, RITA ☒ Delete
STREET ADDRESS 5103 SW 3RD AVE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE
NAME THOMAS, NISWONGER ☐ Change ☒ Addition
STREET ADDRESS 1137 GOLDEN OLIVE COURT
CITY-ST-ZIP SANIBEL, FL 33957

TITLE T
NAME MILLER, CAROL ☐ Delete
STREET ADDRESS 5376 COLONY CT
CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-03 239-540-0055

CR2E034 (10/02)