

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000122280

1. Entity Name

BELLAVISTA AT MIROMAR LAKES, INC.

Principal Place of Business

4770 ALBERTON CT., STE. 2602
NAPLES FL 34105

Mailing Address

4770 ALBERTON CT., STE. 2602
NAPLES FL 34105

FILED

02 JUN -5 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

01-0574819

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOVATT, JEFF M
821 5TH AVE. S., STE. 201
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

Bateman, Arthur L.

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

4770 Alberton Court, #2602

City

Naples

FL

Zip Code

34105

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 D
NAME BATEMAN, ARTHUR L
STREET ADDRESS 4770 ALBERTON CT., STE. 2602
CITY-ST-ZIP NAPLES FL 34105 ☐ Delete

TITLE D
NAME DERSCH, JOYCE E
STREET ADDRESS 4770 ALBERTON CT., STE. 2602
CITY-ST-ZIP NAPLES FL 34105 ☐ Delete

TITLE D
NAME SELLS, JOYCE T
STREET ADDRESS 4770 ALBERTON CT., STE. 2602
CITY-ST-ZIP NAPLES FL 34105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/02

Date

1239-430-1012

CR2E034 (9/01)