

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-31-2003 90280 013 ***150.00

DOCUMENT # P02000002797

1. Entity Name
AMERINDIAN RIVER ESTATES, INC.



Principal Place of Business
2037 WEST FIRST STREET
FORT MYERS FL 33901

Mailing Address
2037 WEST FIRST STREET
FORT MYERS FL 33901

2. Principal Place of Business
6121 Rivershore Ct.
Suite, Apt. #, etc.

3. Mailing Address
6121 Rivershore Ct.
Suite, Apt. #, etc.

City & State
N. Ft. Myers, FL
Zip
33917
Country
USA

City & State
N. Ft. Myers, FL
Zip
33917
Country
USA

4. FEI Number
94-3414398
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

KERMER-DOUGLAS, EDITH M
2037 WEST FIRST STREET
FORT MYERS FL 33901

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HOOIHAN, THOMAS P JR
6121 RIVERSHORE COURT
NORTH FORT MYERS FL 33917 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DOUGLAS, DAVID L
2037 WEST FIRST STREET
FORT MYERS FL 33901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HOOIHAN, KERREY R
6121 RIVERSHORE COURT
NORTH FORT MYERS FL 33917 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
KERMER DOUGLAS, EDITH M
2037 WEST FIRST STREET
FORT MYERS FL 33901 ☐ 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
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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☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kerrey Hoolihan **Kerrey Hoolihan** 3/27/03 239-543-4117

CR2E034 (10/02)