

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90075 022 ***158.75

DOCUMENT # P02000023989

1. Entity Name
LAUREN DEVELOPMENT CORPORATION



Principal Place of Business
6635 WILLOW PARK DRIVE
NAPLES FL 34109

Mailing Address
6635 WILLOW PARK DRIVE
NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0110352

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

STARLING, HEYWARD B
5145 COBBLE CREEK COURT #104
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name
HEYWARD B. STARLING
Street Address (P.O. Box Number is Not Acceptable)
10090 VALIANT CT, #201
City **MIROMAR LAKES** **FL** **Zip Code** **33913**

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

4/1/03

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	<input type="checkbox"/> Delete
NAME	DIAMOND, DAVID B	
STREET ADDRESS	6132 WEST PORT LANE	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DEANGELIS, JOHN M	
STREET ADDRESS	2316 HARRIER RUN	
CITY-ST-ZIP	NAPLES FL 31405	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STARLING, HEYWARD B	
STREET ADDRESS	5145 COBBLE CREEK COURT #104	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP/ SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID B. DIAMOND	
STREET ADDRESS	9129 THE LANE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN M. DEANGELIS	
STREET ADDRESS	2316 HARRIER RUN	
CITY-ST-ZIP	NAPLES, FL 31405	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYWARD B. STARLING	
STREET ADDRESS	10090 VALIANT CT #201	
CITY-ST-ZIP	MIROMAR LAKES, FL 33913	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

Daytime Phone #

CR2E034 (10/02)