

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35694

1. Entity Name

REDMAR INVESTORS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90123 042 ***150.00

Principal Place of Business

Mailing Address

3584-B EXCHANGE AVENUE
NAPLES FL 34104

3584-B EXCHANGE AVENUE
NAPLES FL 34104-3732

701259



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2981257

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOVANOVICH, RICHARD D ESQ.
4001 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103

Name

MILES L. SCOFIELD

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

3584-B EXCHANGE AVE.

City

NAPLES

FL

Zip Code

34104

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P ☐ Delete
NAME FORGIONE, PHILIP A.
STREET ADDRESS 17211 ROCKWOOD DRIVE
CITY-ST-ZIP FOUNTAIN HILLS AZ 85268

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

TITLE DVPS ☐ Delete
NAME SCOFIELD, MILES
STREET ADDRESS 3584-B EXCHANGE AVENUE
CITY-ST-ZIP NAPLES FL 34104

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

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

MILES L. SCOFIELD

Date

1-8-00

Daytime Phone #

(941) 643-1900

CR2E034 (9/99)