

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39789

1. Entity Name
CLIFFSIDE PROPERTIES, INC.

Principal Place of Business

226 E. JOEL BLVD
LEHIGH ACRES FL 33972
US

Mailing Address

226 E. JOEL BLVD
LEHIGH ACRES FL 33972
US

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 23-1729159

Applied For

Not Applicable

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

ALLISON, JANET
226 E. JOEL BLVD
LEHIGH ACRES FL 33972

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.

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, 2001 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 PD
NAME MORRIS, GREGORY M
STREET ADDRESS 226 E. JOEL BLVD
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ Delete

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

TITLE TAS
NAME HORVATH, MARGARET
STREET ADDRESS 201 EAST JOEL BLVD.
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ Delete

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

TITLE V
NAME NATIELLO, JOHN A
STREET ADDRESS 226 E. JOEL BLVD
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ Delete

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

TITLE VS
NAME ALLISON, JANET
STREET ADDRESS 226 E. JOEL BLVD
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ Delete

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

TITLE VD
NAME HOLQUIST, LAURA A
STREET ADDRESS 226 E. JOEL BLVD
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ 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

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

JOHN NATIELLO

Date

1/23/01

Daytime Phone #

941-368-3141

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE