

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

0492536 AV

**DOCUMENT # P39789**

1. Entity Name

**CLIFFSIDE PROPERTIES, INC.**

02-21-2002 90070 047 \*\*\*150.00

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

4. FEI Number

**23-1729159**

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

**NATIELLO, JOHN A  
 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, 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

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 D  
 NAME WILLIAM I LIVINGSTON  
 STREET ADDRESS ONE CORPORATE DR. STE 3A  
 CITY-ST-ZIP PALM COAST, FL 32137 ☐ 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 V/S  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE  
 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 D/P  
 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:

*John Natello*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02  
 Date

941-368-3141  
 Daytime Phone #

CR2E034 (9/01)