

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90012 043 \*\*\*150.00

0883906

**DOCUMENT # P920000Q4386**  
 1. Entity Name  
**M.D.M. OF COLLIER COUNTY, INC.**

Principal Place of Business 1318 LAFAYETTE ST CAPE CORAL FL 33904	Mailing Address 1318 LAFAYETTE ST CAPE CORAL FL 33904
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number <b>65-0370421</b>	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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**WEBSTER, RONALD S**  
**ROYAL PALM MALL**  
**985 N COLLIER BLVD.**  
**MARCO ISLAND FL 33937**

Name Hill, Thomas W.  
 Street Address (P.O. Box Number is Not Acceptable)  
1318 Lafayette St.  
 City Cape Coral **FL** Zip Code 33904

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 Thomas W Hill Thomas W. Hill 4-24-01  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DUTZ, GUNTHER</b> <b>1318 LAFAYETTE ST</b> <b>CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILL, THOMAS W</b> <b>1318 LAFAYETTE ST</b> <b>CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas W Hill Thomas W. Hill 4-24-01 941-549-2444  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)