

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90017 046 \*\*\*150.00

**DOCUMENT # P92000005117**

1. Entity Name

**DOVE TREE DEVELOPMENT INC.**

Principal Place of Business

4482 3RD AVE. N.W.  
 NAPLES FL 33999

Mailing Address

4482 3RD AVE. N.W.  
 NAPLES FL 33999



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

716 CHARLEMAGNE BLVD  
 Suite, Apt. #, etc.

3. Mailing Address

716 CHARLEMAGNE BLVD  
 Suite, Apt. #, etc.

City & State

NAPLES, FL 34112

City & State

NAPLES, FL

4. FEI Number

65-0366952

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER, WILLIAM C  
 4482 3RD AVE. NW  
 NAPLES FL 33999

ESTILLE R. VAUGHN  
 716 CHARLEMAGNE BLVD.  
 NAPLES, FL 34112

7. Name and Address of New Registered Agent

Name: VAUGHN, ESTILLE R.  
 Street Address (P.O. Box Number is Not Acceptable): 716 CHARLEMAGNE BLVD.  
 City: NAPLES FL Zip Code: 34112

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

*Estille R. Vaughn*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/02

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

TITLE: P  
 NAME: VAUGHN, ESTILLE  
 STREET ADDRESS: 716 CHARLEMAGNE BLVD  
 CITY-ST-ZIP: NAPLES FL 33962

TITLE: VP  
 NAME: SCHROEDER, PATRICIA ANN  
 STREET ADDRESS: 4482 3RD AVE. NW  
 CITY-ST-ZIP: NAPLES FL 33999

TITLE: ☐ Delete  
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 STREET ADDRESS:   
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Estille R. Vaughn*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/02

Date

941-793-6026

Daytime Phone #

CR2E034 (9/01)