

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000040006

1. Entity Name

CORAL ISLE GOLF CENTER, INCORPORATED

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90061 024 ***150.00

Principal Place of Business

Mailing Address

4748 MARROT CLUB DR.
NAPLES FL 33961

31550 NW HWY
STE 140
FARMINGTON HILLS MI 48334
US

2. Principal Place of Business

4748 Championship Drive

3. Mailing Address

32781 Middlebelt Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

City & State

Naples, FL

City & State

Farmington Hills, MI

Zip

Country

34114

Zip

Country

48334

4. FEI Number

65-0417599

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

PAPPAS, MICHAEL
4748 MARIOTT CLUB DRIVE
NAPLES FL 33961

Name

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

4748 Championship Drive

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, 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	P	<input type="checkbox"/> Delete
NAME	PAPPAS, MICHAEL	
STREET ADDRESS	921 MOON COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	TVS	<input type="checkbox"/> Delete
NAME	PAPPAS, PAM	
STREET ADDRESS	921 MOON COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

April 15, 2000 941-732-6800

Date

Daytime Phone #

CR2E034 (9/99)