

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2003 8:00 am**  
**Secretary of State**

05-28-2003 90116 013 \*\*\*150.00

0516714 AV

**DOCUMENT # P93000055290**

1. Entity Name

**TOWN & COUNTRY INTERNATIONAL REAL ESTATE COMPANY**



Principal Place of Business

**7431 COLLEGE PARKWAY**

**FT. MYERS FL 33907**

**US**

Mailing Address

**7431 COLLEGE PARKWAY**

**FT. MYERS FL 33907**

**US**

2. Principal Place of Business

**959 PERIWINKLE WAY**

3. Mailing Address

**959 PERIWINKLE WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SANIBEL, FL**

City & State

**SANIBEL, FL**

Zip

**33957**

Country

**USA**

Zip

**33957**

Country

**USA**

4. FEI Number

**65-0439852**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NOVELLI, JERRY J.**

**1309 PARVIEW DR.**

**SANIBEL FL 33957**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature of Jerry J. Novelli]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/03**

**FILE NOW!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPVS	<input type="checkbox"/> Delete
NAME	NOVELLI, JO ANN B	
STREET ADDRESS	1309 PARVIEW DRIVE	
CITY - ST - ZIP	SANIBEL FL 33957	
TITLE	T	<input type="checkbox"/> Delete
NAME	NOVELLI, JO ANN B	
STREET ADDRESS	1309 PARVIEW DRIVE	
CITY - ST - ZIP	SANIBEL FL 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

*[Signature]* Admin. Asst.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/25/03**

**209-395 1200**

CR2E034 (10/02)