

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90066 038 ***150.00

0496379 AV

DOCUMENT # P93000060016

1. Entity Name

REDDICK DEVELOPMENT GROUP, INC.

Principal Place of Business

~~401 4TH AVE S.~~
~~NAPLES FL 34103~~

Mailing Address

~~PMB 512~~
~~2614 N. TAMiami TRl~~
~~NAPLES FL 34103~~

2. Principal Place of Business

651 Third Street South

3. Mailing Address

PO Box 960

City & State

Naples FL

City & State

Naples FL

Zip

34102

Country

Zip

34106-0960

Country

4. FEI Number

65-0432078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

~~PRICE, R. SCOTT~~

~~321 FIFTH AVE S. SUITE-201~~

~~NAPLES FL 34102~~

7. Name and Address of New Registered Agent

Name

Novatt, Jeff M

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

Chetty Passidomo Wilson + Johnson LLP

821 Fifth Ave. South Suite 201

City

Naples

FL

Zip Code

34102

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

TITLE	D	<input type="checkbox"/> Delete
NAME	REDDICK, WILLIAM R JR	
STREET ADDRESS	2614 N. TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	REDDICK, SEAN CHRISTIAN	
STREET ADDRESS	2614 N. TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	P	<input type="checkbox"/> Delete
NAME	Reddick, Paige A.	
STREET ADDRESS	PO Box 960	
CITY-ST-ZIP	Naples FL 34106-0960	
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		

12. 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		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reddick, Paige A.	
STREET ADDRESS	PO Box 960	
CITY-ST-ZIP	Naples, FL 34106-0960	
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		
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 or other like empowered.

SIGNATURE:

William R. Reddick **1-09-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)