

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004614

1. Entity Name

VANDERBILT DESIGNER HOMES, INC.

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90072 040 ***155.00

Principal Place of Business Mailing Address
231 LAGOON AVE. 231 LAGOON AVE.
NAPLES FL 33963 NAPLES FL 33963

2. Principal Place of Business 3. Mailing Address
231-LAGOON AVE. SAME AS ABOVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NAPLES FLA
Zip Country Zip Country
34108 COLLIER

4. FEI Number 65-0458887 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
PARRISH & MOORE P.A.
2171 PINE RIDGE RD.
STE. D
NAPLES FL 34109
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIANCO, PETER D			NAME			
STREET ADDRESS	231 LAGOON AVENUE			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, MICHAEL G			NAME			
STREET ADDRESS	2171 PINE RIDGE ROAD, STE D			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34109			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: PETER D. BIANCO *Peter D. Bianco* 1-8-01 941-566-9774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Paid 1-08-01 ch # 1117 for 155.00

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CR2E034 (10/00)