

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035208

1. Entity Name

SIGNATURE REALTY OF NAPLES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 20 PM 4:47

Principal Place of Business

Mailing Address

5551 RIDGEWOOD DRIVE
SUITE 201
NAPLES FL 33963

5551 RIDGEWOOD DRIVE
SUITE 201
NAPLES FL 34108-2718

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0488797

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

ATHAN, G H
5551 RIDGEWOOD DRIVE
STE #501
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

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

City

FF \$150.00
CUS 8.75

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

TITLE ☐ Delete

DVP
NAME CORACE, RICHARD
STREET ADDRESS 5551 RIDGEWOOD DR STE 203
CITY-ST-ZIP NAPOLES FL

TITLE ☐ Delete

DP
NAME GRIFFEN, GERALD I
STREET ADDRESS 5551 RIDGEWOOD DR STE 203
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete

D
NAME SHARPE, KEITH A
STREET ADDRESS 5551 RIDGEWOOD DR STE 203
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete

S
NAME LOEWELL, JACK
STREET ADDRESS 5551 RIDGEWOOD DR STE 203
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Add

DVP
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Add

P.I.D.
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

000003118810
-02/01/00--01093--001
****694.25 ****159.25

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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

Date

Daytime Phone #

1-12-00 941-566-2800