

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90054 035 \*\*\*150.00

**DOCUMENT # P95000006549**

1. Entity Name

**DEVELOPMENT REALTY, INC.**

Principal Place of Business

10621 AIRPORT RD N  
#1  
NAPLES FL 34109  
US

Mailing Address

10621 AIRPORT RD N  
#1  
NAPLES FL 34110-7300  
US

2. Principal Place of Business

5645 STRAND BLVD  
Suite, Apt. #, etc. #3

3. Mailing Address

5645 STRAND BLVD  
Suite, Apt. #, etc. #3



DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0551421

Applied For  
Not Applicable

Zip

34110

Country

US

Zip

34110

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRUGGER, CAROL R  
600 FIFTH AVE S  
SUITE 210  
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name Leo Salvatori  
Street Address (P.O. Box Number is Not Acceptable) 4501 Jamiami Trail N  
Suite 300  
City Naples FL Zip Code 34103

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  
NAME **D**  
STREET ADDRESS **HARDY, ROBERT P**  
CITY-ST-ZIP **6660 BERNWOOD FARMS RD**  
**NAPLES FL 33999**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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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

1/13/00 (941) 592-7344  
Date Daytime Phone #