

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010876

1. Entity Name

MAYFLOWER PROPERTY CORPORATION

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90081 045 ***150.00

Principal Place of Business

1167 THIRD ST. SOUTH
SUITE 107
NAPLES FL 33940

Mailing Address

1167 THIRD ST. SOUTH
SUITE 107
NAPLES FL 34102-7037

2. Principal Place of Business

4001 Tamiami Trail North

Suite, Apt. #, etc.

Suite 404

City & State

Naples, FL

Zip

34103

Country

USA

3. Mailing Address

4001 Tamiami Trail North

Suite, Apt. #, etc.

Suite 404

City & State

Naples, FL

Zip

34103

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0555158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEXTON, DAVID N
BOND SCHOENECK AND KING, P.A.
1167 3RD ST. SOUTH, STE. 107
NAPLES FL 33940

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.

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 D ☐ Delete
NAME SEXTON, DAVID N
STREET ADDRESS 1167 3RD ST. SOUTH, STE. 107
CITY-ST-ZIP NAPLES FL 33940

TITLE D ☐ Delete
NAME LOTZER, ANTON M
STREET ADDRESS MITTELDOF 1
CITY-ST-ZIP FL-9490 VA

TITLE D ☐ Delete
NAME FEICHTINGER, MICHAEL E
STREET ADDRESS MITTELDOF 1
CITY-ST-ZIP FL-9490 VA

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00
Date

941 8262-8000
Daytime Phone #

CR2E034 (9/99)