

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059672

1. Entity Name,
G.C. DEVELOPERS OF NAPLES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90074 001 *1,350.00

43449



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1100 PINE RIDGE ROAD
NAPLES FL 34108-8903
US

Mailing Address
1100 PINE RIDGE ROAD
NAPLES FL 34108-8903
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0600386**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CONROY, J T
3838 TAMiami TR N
402
NAPLES FL 34103

Name **JANE YEAGER CHEFFY**
Street Address (P.O. Box Number is Not Acceptable)
2375 TAMiami TRIAL NORTH SUITE 310
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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
KESSOUS, MICHAEL
1100 PINE RIDGE ROAD
NAPLES FL 34108-8903 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

Date

Daytime Phone #

4/27/01

941-649-1230

CR2E034 (10/00)