

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90041 034 ***150.00

DOCUMENT # P95000062764

1. Entity Name

WATERSIDE REALTY OF LEE COUNTY, INC.

Principal Place of Business

**7410 ESTERO BLVD.
 FORT MYERS BEACH FL 33931**

Mailing Address

~~7410 ESTERO BLVD.~~
~~FORT MYERS BEACH FL 33931~~

2. Principal Place of Business

3. Mailing Address

6025 CARLTON LAKES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES, FL

4. FEI Number

65-0605667

Applied For

Not Applicable

Zip

Country

Zip

Country

34110

USA

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

**CARLTON LAKES
 2405 PIPER BLVD
 ATTN: JACK STERLING
 NAPLES FL 34110**

Name

Street Address (P.O. Box Number is Not Acceptable)
6025 CARLTON LAKES BLVD

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, 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	P	<input type="checkbox"/> Delete
NAME	CLAUSSEN, CHRISTOPHER G.	
STREET ADDRESS	7401 ESTERO BLVD.	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01
 Date

9415969067
 Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE