

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063084

1. Entity Name  
PARADISE REALTY ASSOCIATES, INC.

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90020 047 \*\*\*150.00

Principal Place of Business

1625 SE 47TH TERRACE  
#3  
CAPE CORAL FL 33904  
US

Mailing Address

1625 SE 47TH TERRACE  
#3  
CAPE CORAL FL 33904  
US

2. Principal Place of Business

3501 Del Prado Blvd  
Suite, Apt. #, etc.  
100

3. Mailing Address

3501 Del Prado Blvd  
Suite, Apt. #, etc.  
100



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

65-0599988

Applied For

Not Applicable

Zip

339

Country

USA

Zip

339

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEEMANN, ERNEST A  
4712 DEL PRADO BLVD  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name Cahill, James P  
Street Address (P.O. Box Number is Not Acceptable)  
3501 Del Prado Blvd  
Suite 100  
City Cape Coral FL Zip Code 33904

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

TITLE P  
NAME CAHILL, JAMES P  
STREET ADDRESS 3429 SANTA BARB BLVD  
CITY-ST-ZIP CAPE CORAL FL ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME CAHILL, JAMES P  
STREET ADDRESS 706 SW 6 ST.  
CITY-ST-ZIP CAPE CORAL, FL 33991 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

4/26/01

941-540-4242

CR2E034 (10/00)