## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with ar

SIGNATURE:

## Feb 05, 2002 8:00 am Secretary of State P95000072548 DOCUMENT # 1. Entity Name 02-05-2002 90160 003 \*\*\*150.00 NEWCO REALTY ASSOCIATES, INC. Mailing Address Principal Place of Business 3000 ORANGE GROVE TRAIL 3000 ORANGE GROVE TRAIL NAPLES FL 34120 NAPLES FL 34120 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0608483 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOLLT. ROBERTO Street Address (P.O. Box Number is Not Acceptable) 3000 ORANGE GROVE TRAIL NAPLES FL 34120 Zip Code City e purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submit NUMBA OTUNGHA title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition Delete TITLE TITLE **BOLLT, THEODORE** NAME NAME 3000 ORANGE GROVE TRAIL STREET ADDRESS STREET ADDRESS NAPLES FL 34120 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE VSD Delete TITLE NAME BOLLT, ROBERTO NAME 3000 ORANGE GROVE TRAIL STREET ADDRESS STREET ADDRESS NAPLES FL 34120 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 accordate 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

IRCOBENTO BOUT 1/9/02

FILED