

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081144

1. Entity Name

NEAL COMMUNITIES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

3711 CORTEZ RD. WEST, STE. 300
BRADENTON FL 34210

Mailing Address

3711 CORTEZ RD. WEST, STE. 300
BRADENTON FL 34210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0618162

Applied For

Not Applicable

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

ALSON, ANN M
3711 CORTEZ RD. WEST, STE. 300
SUITE 300
BRADENTON FL 34210

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, 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 PTD
NAME SCHIER, JAMES R ☒ Delete
STREET ADDRESS 3711 CORTEZ RD. WEST, STE. 300
CITY-ST-ZIP BRADENTON FL 34210

TITLE PTD
NAME PATRICK K. NEAL ☐ Change ☒ Addition
STREET ADDRESS 3711 CORTEZ RD W. Suite 300
CITY-ST-ZIP BRADENTON FL 34210

TITLE S
NAME OLSON, ANN M ☐ Delete
STREET ADDRESS 3711 CORTEZ RD. WEST, STE. 300
CITY-ST-ZIP BRADENTON FL

TITLE VP
NAME MARK SOCHAR ☐ Change ☒ Addition
STREET ADDRESS 3711 CORTEZ RD W, Suite 300
CITY-ST-ZIP BRADENTON FL 34210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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: Ann M. Olson

ANN M. OLSON

4/20/91

941-756-0677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0405245

CR2E034 (10/00)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90013 040 ***150.00

643561



DO NOT WRITE IN THIS SPACE