

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90120 021 ***150.00

DOCUMENT # P95000097381

1. Entity Name

TOUCHSTONE DEVELOPMENT OF NAPLES, INC.

Principal Place of Business

Mailing Address

**8001 COCONUT RD
BONITA SPRINGS FL 34135****8001 COCONUT RD
BONITA SPRINGS FL 34135-4017**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0631556

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**PASSIDOMO, KATHLEEN C
2640 GOLDEN GATE PARKWAY STE 315
NAPLES FL 33942**

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	WALLACE, JAMES	
STREET ADDRESS	8001 COCONUT RD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALLACE, JOSEPH	
STREET ADDRESS	8001 COCONUT RD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	V	<input type="checkbox"/> Delete
NAME	SVOBODA, JOHN	
STREET ADDRESS	8001 COCONUT RD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TURNER, GENE	
STREET ADDRESS	136 PALM VIEW DR	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**T
DWIER, ED
8001 COCONUT RD
BONITA SPRINGS, FL 34135**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/04/00**

Date

(941) 948-2929

Daytime Phone #