

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90695 011 ***150.00

DOCUMENT # P96000007610

1. Entity Name

MYSTIC GREENS III AT LELY RESORT, INC.

Principal Place of Business

Mailing Address

**4771 ALBERTON CT.
 #3502
 NAPLES FL 34105
 US**

**4771 ALBERTON CT.
 #3502
 NAPLES FL 34105
 US**

2. Principal Place of Business

4770 Alberton Court

Suite, Apt. #, etc.

#2602

City & State

Naples, FL

3. Mailing Address

4770 Alberton Court

Suite, Apt. #, etc.

#2602

City & State

Naples, FL

Zip

34105

Country

USA

Zip

34105

Country

USA

4. FEI Number

65-0669006

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

Name

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

4770 Alberton Court, #2602

City

Naples

FL

Zip Code

34105

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, 2002 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 ☐ Delete
 NAME **PS**
 STREET ADDRESS **BATEMAN, ARTHUR L**
 CITY-ST-ZIP **4771 ALBERTON CT., #3502
 NAPLES FL 34105**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4770 Alberton Court, #2602**
 CITY-ST-ZIP **Naples, FL 34105**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **DERSCH, JOYCE**
 CITY-ST-ZIP **4445 DOVER CT., #803
 NAPLES FL 34105**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)