

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90092 012 \*\*\*155.00

**DOCUMENT # P96000008140**

1. Entity Name

**HEALTHCARE DEVELOPMENT RESOURCES, INC.**

Principal Place of Business

**2039 MISSION DRIVE  
NAPLES FL 34109  
US**

Mailing Address

**2039 MISSION DRIVE  
NAPLES FL 34109  
US**

**B0133037**



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

**65-0640961**

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

**LUZIER, THOMAS B  
2440 TAMIMAI TR N  
NOLOMIS FL 34275**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D FIELDS, JAMES J 2039 MISSION DR NAPLES FL 34109</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CR2E034 (4/02)

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 #

**JAMES J. FIELDS 7/29/02 941-594-7355**

Attachment  
# P9600608140

HEALTHCARE  
DEVELOPMENT  
resources inc.



July 29, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Did not receive initial notice for UBR filing

To Whom It May Concern:

I have enclosed a check for \$155.00 for filing of Healthcare Development Resources' UBR for 2002. The notice we received indicated that we were required to pay a \$400 late fee for this filing since we did not file between January 1<sup>st</sup> and May 1<sup>st</sup> of this year. We want you to know that we never received the initial notice for filing the UBR and, as a result, I am sending you the enclosed check for filing purposes.

Thank you for your understanding of our filing fee situation.

Sincerely;  
HEALTHCARE DEVELOPMENT RESOURCES, INC.

James J. Fields  
President

Encl.