2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State DOCUMENT # **P96000056349** GRANDE RESERVE AT PELICAN STRAND, INC. 05-04-2001 90081 001 ***150.00 Principal Place of Business Mailing Address 4375 DOVER CT 4375 DOVER CT #102 #102 NAPLES FL 34105 NAPLES FL 34105 US US 2. Principal Place of Business 3. Mailing Address 4771 Alberton Court 4771 Alberton Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #3502 #3502 City & State City & State Applied For 4. FEI Number 59-3397188 Naples, FL Naples, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34105 34105 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bateman, Arthur L. BATEMAN, ARTHUR L Street Address (P.O. Box Number is Not Acceptable) 4375 DOVER CT #102 4771 Alberton Court, #3502 NAPLES FL 34105 City Naples this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. ARTHUR L. BATEMAN 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Change ☐ Addition Delete TITLE. Bateman, Arthur L. NAME MAME BATEMAN, ARTHUR L STREET ADDRESS STREET ADDRESS 4375 DOVER CT #102 4771 Alberton Court, #3502 CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34105 NAPLES FL 34105 ☐ Detete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ARTHUR L.

1 4/26/0

1/941)430-1012

Daytime Phone #