

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90904 003 \*\*\*150.00

**DOCUMENT # P96000056349**

1. Entity Name

**GRANDE RESERVE AT PELICAN STRAND, INC.**

Principal Place of Business

**4771 ALBERTON COURT  
#3502  
NAPLES FL 34105  
US**

Mailing Address

**4771 ALBERTON COURT  
#3502  
NAPLES FL 34105  
US**

2. Principal Place of Business

**4770 Alberton Court  
Suite, Apt. #, etc.  
#2602**

3. Mailing Address

**4770 Alberton Court  
Suite, Apt. #, etc.  
#2602**

City & State  
**Naples**

City & State  
**Naples**

4. FEI Number **59-3397188**

Applied For  
Not Applicable

Zip  
**34105**  
Country  
**U.S.A.**

Zip  
**34105**  
Country  
**U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

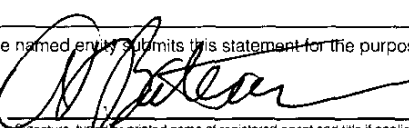
6. Name and Address of Current Registered Agent

**BATEMAN, ARTHUR L  
4771 ALBERTON COURT, #3502  
NAPLES FL 34105**

7. Name and Address of New Registered Agent

Name **Bateman, Arthur L.**  
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 **3/25/02**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATEMAN, ARTHUR L 4771 ALBERTON COURT, #3502 NAPLES FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bateman, Arthur L. 4770 Alberton Court, #2602 Naples, FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

**NOTARIZATION REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/02**  
Date

**(239) 430-1012**  
Daytime Phone #

0498804 AV

CR2E034 (9/01)