

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079316

1. Entity Name

OLDE MAPLE TREE, INC.

Principal Place of Business

27580 BIG BEND RD
BONITY SPRINGS FL 34134
US

Mailing Address

27580 BIG BEND RD
BONITY SPRINGS FL 34134
US

2. Principal Place of Business

27527 Big Bend Road

3. Mailing Address

27527 Big Bend Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL.

City & State

Bonita Springs, FL.

4. FEI Number

65-0695350

Applied For

Not Applicable

Zip

34134

Country

USA

Zip

34134

Country

USA

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

JACOBS, REINHARD K
16260 DUBLIN CIRCLE
FORT MYERS FL 33908

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.

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, 2001 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 DP ☐ Delete
NAME JACOBS, REINHARD K
STREET ADDRESS 27580 BIG BEND RD
CITY-ST-ZIP BONITY SPRING FL 34134

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

TITLE DT ☐ Delete
NAME JACOBS, REINHARD K
STREET ADDRESS 27580 BIG BEND RD
CITY-ST-ZIP BONITY SPRINGS FL 34134

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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

3/30/01 241-498-3310

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90050 018 ***150.00

AD066583



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)