2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P96000085071** NAPLES BEACH REALTY, INC. 04-26-2001 90300 018 ***150.00 Principal Place of Business Mailing Address 4200 GULF SHORE BOULEVARD NORTH 4200 GULF SHORE BOULEVARD NORTH NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3408607 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CATALANO, ANHTONY J Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TRAIL NORTH #404 NAPLES FL 34103 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00) ☐ Delete TITLE Change LUTGERT, SCOTT F NAME MAME 4200 GULF SHORE BLVD N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-7IP VSD TITLE ☐ Delete TIT! F Addition BAKER, RICHARD J NAME NAME 4200 GULF SHORE BLVD N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP VTAS TITLE ☐ Delete TITLE ■ Addition **GUTMAN, HOWARD B** NAME NAME 4200 GULF SHORE BLVD STREET ADDRESS STREET ADDRESS CITY -ST-ZIP NAPLES FL CITY - ST- ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CIFY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee changed, or on an attachment with an add ke empowered.

HOWARD B. GUTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 261-6100