

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90097 047 ***158.75

DOCUMENT # P96000086034

1. Entity Name

CARLISLE AT NAPLES, INC.

Principal Place of Business

**3225 AVIATION AVENUE
 #700
 COCONUT GROVE FL 33133
 US**

Mailing Address

**3225 AVIATION AVENUE
 #700
 COCONUT GROVE FL 33133
 US**

2. Principal Place of Business

3. Mailing Address

4101 RAVENSWOOD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 120

City & State

City & State

DANIA, FL

Zip

Country

Zip

Country

33312

USA

4. FEI Number

65-0741153

Applied For

Not Applicable

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

STEWART, MARCUS

3225 AVIATION AVENUE

SUITE #700

COCONUT GROVE FL 33133

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)

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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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input type="checkbox"/> Delete
NAME	MARCUS, STEWART	
STREET ADDRESS	3225 AVIATION AVENUE SUITE #700	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAFOFSKY, HARVEY P	
STREET ADDRESS	3225 AVIATION AVENUE SUITE #700	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	FAGAN, PETER F	
STREET ADDRESS	3225 AVIATION AVENUE SUITE #700	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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 duly empowered.

SIGNATURE:

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

DIRECTOR

4/30/02

Date

Daytime Phone #