

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90145 043 \*\*\*150.00

**DOCUMENT # P96000090586**

**1. Entity Name**  
**MONTCLAIR FAIRWAY ESTATES BUILDING CORPORATION**



**Principal Place of Business**  
~~1400 GULF SHORE BLVD. #223~~  
**NAPLES FL 34102**

**Mailing Address**  
~~1400 GULF SHORE BLVD. #223~~  
**NAPLES FL 34102**

20021807



**2. Principal Place of Business**

**800 Harbour Dr.**  
Suite, Apt. #, etc. **#3**

**3. Mailing Address**

**800 Harbour Dr.**  
Suite, Apt. #, etc. **#3**

☒ CHECK HERE IF MAKING CHANGES

**City & State**  
**Naples FL**

**Zip**  
**34103**

**Country**  
**USA**

**City & State**  
**Naples FL**

**Zip**  
**34103**

**Country**  
**USA**

**4. FEI Number** **65-0706789**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PAULICH, JOHN III**  
**801 ANCHOR RODE**  
**#203**  
**NAPLES FL 34102**

**7. Name and Address of New Registered Agent**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** **Signature, typed or printed name of registered agent and title if applicable.**

**JOHN PAULICH III**  
**(NOTE: Registered Agent signature required when reinstating)**

**1-29-03**  
**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **VP** ☐ Delete  
**NAME** **BARON, AVI**  
**STREET ADDRESS** ~~1400 GULF SHORE BLVD. #223~~ **800 Harbour Dr. #3**  
**CITY-ST-ZIP** **NAPLES FL 34102 34103**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ Change ☐ Addition  
**NAME** **address only**  
**STREET ADDRESS** **800 Harbour Dr. #3**  
**CITY-ST-ZIP** **Naples FL 34103**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

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

**AVI BARON**

**1-27-03**

**Date**

**239-261-2117**

**Daytime Phone #**

CR2E034 (10/02)