

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103635

1. Entity Name
IVY POINTE, INC.

Principal Place of Business

**9051 TAMiami TRAIL
SUITE 202
NAPLES FL 34108**

Mailing Address

**9051 TAMiami TRAIL
SUITE 202
NAPLES FL 34108**

2. Principal Place of Business

24860 Burnt Pine Dr

Suite, Apt. #, etc.

3. Mailing Address

24860 Burnt Pine Dr

Suite, Apt. #, etc.

City & State
Bonita Springs FL

City & State
Bonita Springs FL

4. FEI Number **59-3417525**

Applied For
☐ Not Applicable

Zip Country
34134 USA

Zip Country
34134 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

**GARLICK, THOMAS B.
8889 PELICAN BAY BLVD
SUITE 300
NAPLES FL 34108**

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 ☐ Delete
NAME **D DAVIS, PAULA J**
STREET ADDRESS **9051 TAMiami TRAIL, SUITE 202**
CITY-ST-ZIP **NAPLES FL 34108**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **24860 Burnt Pine Dr**
CITY-ST-ZIP **Bonita Springs FL 34134**

TITLE ☐ Delete
NAME **D FRASCO, JOHN W**
STREET ADDRESS **9051 TAMiami TRAIL, SUITE 202**
CITY-ST-ZIP **NAPLES FL 34108**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **24860 Burnt Pine Dr**
CITY-ST-ZIP **Bonita Springs FL 34134**

TITLE ☐ Delete
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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: *Paula J Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

941-498-4560

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)