

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031292

1. Entity Name

ELDROD DEVELOPMENT, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90128 036 ***150.00

Principal Place of Business

Mailing Address

5801 PELICAN BAY BLVD
300
NAPLES FL 34108-2709

5801 PELICAN BAY BLVD
300
NAPLES FL 34108-2709

2. Principal Place of Business

3. Mailing Address

Naples, Florida

2171 Pine Ridge Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D

City & State

City & State

Naples, FLORIDA 34109

Zip

Zip

Country

34109

USA

4. FEI Number

65-0743922

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

Name

Anthony M. Lawhon

Street Address (P.O. Box Number is Not Acceptable)

2171 Pine Ridge Road

Suite D

City
Naples

FL

Zip Code
34109

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 of officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/22/00
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, 2000 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	D	☐ Delete
NAME	ELDREDGE, TIM	
STREET ADDRESS	P.O. BOX 78283 N/A	
CITY-ST-ZIP	INDIANAPOLIS IN 46278	
TITLE	D	☐ Delete
NAME	FINE, ROGER	
STREET ADDRESS	P.O. BOX 11448 N/A	
CITY-ST-ZIP	NAPLES FL 34101	
TITLE	D	☒ Delete
NAME	WISLON, GARY K	
STREET ADDRESS	5801 PELICAN BAY BLVD #300	
CITY-ST-ZIP	NAPLES FL 34108-2709	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *U.P. ROGER H FINE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 513-9833
Telephone

CR2E034 (0-00)