

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034139

1. Entity Name

PINE ISLAND LANDINGS DEVELOPMENT CORPORATION

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90039 036 ***150.00

Principal Place of Business

Mailing Address

2900 14TH ST N
SUITE 5
NAPLES FL 34103
US

P.O. BOX 9043
NAPLES FL 34101-9043
US

2. Principal Place of Business

3. Mailing Address

2780 S. Horseshoe Dr.

2780 S. Horseshoe Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

Suite 1

City & State

City & State

Naples, FL

Naples, FL

Zip
34104

Country

Zip
34104

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3441254

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

ALFORD, PAUL R
2900 14TH ST N
SUITE 5
NAPLES FL 34103

Name

Paul R. Alford

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

2780 S. Horseshoe Dr.

Suite 1

City

Naples

FL

Zip Code

34104

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

Paul R. Alford Paul R. Alford President

1/25/00

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PVPS
ALFORD, PAUL R
2900 14TH ST N, SUITE 5
NAPLES FL 34103

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
Paul R. Alford
2780 S. Horseshoe Dr., Suite 1
Naples, FL 34104

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVP, S
Carl W. Ferris
10 Seagate Dr., PH 15
Naples, FL 34103

☐ Change ☒ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Paul R. Alford Paul R. Alford, President

1/25/00

941-643-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #