

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90167 038 ***150.00

MOB15A AV

DOCUMENT # P97000034139
1. Entity Name
PINE ISLAND LANDINGS DEVELOPMENT CORPORATION

Principal Place of Business
 2780 S. HORSESHOE DR.
 SUITE 1
 NAPLES FL 34104
 US

Mailing Address
 2780 S. HORSESHOE DR.
 SUITE 1
 NAPLES FL 34104
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3441254		☐ Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ALFORD, PAUL R 2780 S. HORSESHOE DRIVE SUITE 1 NAPLES FL 34104				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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, 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	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	ALFORD, PAUL R			NAME			
STREET ADDRESS	2780 S. HORSESHOE DRIVE, STE 1			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34104			CITY-ST-ZIP			
TITLE	DVPS	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	FERRIS, CARL W			NAME			
STREET ADDRESS	10 SEAGATE DR. PH 15			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34103			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Paul R. Alford, Pres.* **4/11/02** **941-643-7900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)