

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038560

1. Entity Name

TWINEAGLES DEVELOPMENT, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90094 024 ***150.00

Principal Place of Business

Mailing Address

4099 TAMiami TrL. N., STE. 305
NAPLES FL 34103

4099 TAMiami TrL. N., STE. 305
NAPLES FL 34103-3548

2. Principal Place of Business

11330 TWINEAGLES BLVD.

3. Mailing Address

11330 TWINEAGLES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34120

Country

Zip

34120

Country

4. FEI Number

59-3445383

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

CLASP, INC.
3001 TAMiami TrL. N.
NAPLES FL 34103

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, 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	P	☐ Delete
NAME	COLOSIMO, JAMES R	
STREET ADDRESS	4099 TAMiami TrL. N., STE. 305	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	V	☒ Delete
NAME	STORY, JOHN R	
STREET ADDRESS	4099 TAMiami TrL. N., STE. 305	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	S	☐ Delete
NAME	COLOSIMO, KAREN R	
STREET ADDRESS	4099 TAMiami TrL. N., STE. 305	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	T	☐ Delete
NAME	O'DONNELL, JOHN R	
STREET ADDRESS	4099 TAMiami TrL. N., STE. 305	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D.P.S	☒ Change ☐ Addition
NAME		
STREET ADDRESS	11330 TWINEAGLES BLVD	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	✓	☒ Change ☐ Addition
NAME		
STREET ADDRESS	11330 TWINEAGLES BLVD.	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE	VIT	☒ Change ☐ Addition
NAME	JOHN J. O'DONNELL	
STREET ADDRESS	11330 TWINEAGLES BLVD	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE	✓	☐ Change ☒ Addition
NAME	LORI PHERSANT	
STREET ADDRESS	11330 TWINEAGLES BLVD	
CITY-ST-ZIP	NAPLES FL 34120	
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:

Signature of James R. Colosimo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

Daytime Phone #

CR2E034 (9/99)