

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90036 017 ***150.00

DOCUMENT # **P97000041892** ✓

1. Entity Name

CEDAR BAY LAND HOLDING COMPANY, INC

DO NOT WRITE IN THIS SPACE

851483

2. Principal Place of Business

365 FIFTH AVE SOUTH

Suite, Apt. #, etc.

SUITE 201

City & State

NAPLES, FL

Zip

34102

Country

USA

3. Mailing Address

365 FIFTH AVE SOUTH

Suite, Apt. #, etc.

SUITE 201

City & State

NAPLES, FL

Zip

34102

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2040328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHEFFEY, LOUIS W

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

821 FIFTH AVE SOUTH

SUITE 201

City

NAPLES

FL

Zip Code

34102

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PTSD
NAME	ANTARAMIAN, JACK J.
STREET ADDRESS	365 FIFTH AVE SOUTH
CITY - ST - ZIP	NAPLES, FL 34102
TITLE	VD
NAME	NASSIF, DAVID E
STREET ADDRESS	195 WORCESTER ST - SUITE 301
CITY - ST - ZIP	WALCESLEY, MA 02481
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK ANTARAMIAN

4/29/02

Date

239-434-0600

Daytime Phone