

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042457

1. Entity Name  
IDYLL HOMES, INC.

Principal Place of Business  
1290 RAINBOW CT.  
NAPLES FL 34110

Mailing Address  
1290 RAINBOW CT.  
NAPLES FL 34110

2. Principal Place of Business

1455 Rail Head Blvd.

3. Mailing Address

1455 Rail Head Blvd.

Suite, Apt. #, etc.  
#2

Suite, Apt. #, etc.  
#2

City & State

Naples FL

City & State

Naples FL

Zip

34110

Country

USA

Zip

34110

Country

USA

4. FEI Number 65-0758015

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.  
4501 TAMiami TRAIL, NORTH  
SUITE 300  
NAPLES FL 34103

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	P	ROLFES, HEIDI	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1016 GRANDISLE DR.	
CITY-ST-ZIP		NAPLES FL 34103	
TITLE	T	ROLFES, RICHARD	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1016 GRANDISLE DR.	
CITY-ST-ZIP		NAPLES FL 34103	
TITLE	VP	RAUDENBUSH, MARK	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1290 RAINBOW CT.	
CITY-ST-ZIP		NAPLES FL 34110	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-01 941-514-7521

CR2E034 (10/00)

0396367

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90043 021 \*\*\*158.75



DO NOT WRITE IN THIS SPACE