

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043418

1. Entity Name

THE EXECUTIVE SUITES OF PELICAN BAY, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90302 022 ***150.00

Principal Place of Business
 800 LAUREL OAK DRIVE
 SUITE 200
 NAPLES FL 34108

Mailing Address
 800 LAUREL OAK DRIVE
 SUITE 200
 NAPLES FL 34108-2713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **74-2774166**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

NESTLERODE, BETH
 1072 EGRETS WALK CIRCLE
 UNIT 204
 NAPLES FL 34108

Name **Burt L. Saunders**
 Street Address (P.O. Box Number is Not Acceptable)
800 Laurel Oak Dr.
Suite 200
 City **Naples** **FL** Zip Code **34108**

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 *Burt L. Saunders*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 15, 2000
 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	D	<input checked="" type="checkbox"/> Delete
NAME	STOUGHTON, JOANNE M	
STREET ADDRESS	104 INAGUA LANE	
CITY-ST-ZIP	BONITA SPRINGS F; 34134	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAUNDERS, BURT L	
STREET ADDRESS	800 LAUREL OAK DRIVE, STE. 200	
CITY-ST-ZIP	NAPLES FL 34108	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daphne D. Bercher	
STREET ADDRESS	800 Laurel Oak Dr. Ste. 200	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burt L. Saunders	
STREET ADDRESS	800 Laurel Oak Dr. Ste. 200	
CITY-ST-ZIP	Naples, FL 34108	
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:

Daphne D. Bercher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00
 Date

941-597-6006
 Daytime Phone #

CR2E034 (9/99)