

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90063 003 \*\*\*150.00

0095873

**DOCUMENT # P97000048233**

1. Entity Name  
**RONTO GOLF ESTATES, INC.**

Principal Place of Business <b>3185 HORSESHOE DRIVE S          FIRST FLOOR          NAPLES FL 34104          US</b>	Mailing Address <b>3185 HORSESHOE DR S          FIRST FLOOR          NAPLES FL 34104          US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-3464745** Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required.**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SOLOMON, A. JACK  
 3185 HORSHOE DRIVE SOUTH FIRST FLOOR  
 NAPLES FL 3414**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME DP SOLOMON, A J	<input type="checkbox"/> Delete
STREET ADDRESS 3185 HORSESHOE DRIVE SOUTH	
CITY-ST-ZIP NAPLES FL 34104	
TITLE NAME VP TAYLOR, MARK S	<input type="checkbox"/> Delete
STREET ADDRESS 3185 HORSESHOE DRIVE SOUTH	
CITY-ST-ZIP NAPLES FL 34104	
TITLE NAME ST WELKS, KAREN E	<input type="checkbox"/> Delete
STREET ADDRESS 3185 HORSHOE DRIVE SOUTH	
CITY-ST-ZIP NAPLES FL 34104	
TITLE NAME VP BENNETT, DAVE	<input type="checkbox"/> Delete
STREET ADDRESS 3185 HORSESHOE DRIVE SOUTH	
CITY-ST-ZIP NAPLES FL 34104	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME ST Welks, Karen E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3185 Horseshoe Dr. S	
CITY-ST-ZIP Naples, FL 34104	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_ Date **4/4/01** Daytime Phone # **(941)649-6310**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)