

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049084

1. Entity Name
COMMUNITY DEVELOPMENT CORPORATION OF EAGLE COVE

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90386 001 ***300.00

Principal Place of Business
16990 TAMiami TRAIL NORTH
NAPLES FL 34110

Mailing Address
16990 TAMiami TRAIL NORTH
NAPLES FL 34110

2. Principal Place of Business

3. Mailing Address

4863 Golden Gate Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Naples, FL

4. FEI Number 59-3466414

Applied For
Not Applicable

Zip

Country

Zip 34116 Country Collier

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

KAYE, STUART O
16990 TAMiami TRAIL N.
NAPLES FL 34110

Name

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

4863 Golden Gate Parkway

City Naples

FL

Zip Code 34116

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

4/23/01

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 DP
NAME KAYE, STUART O
STREET ADDRESS 16990 TAMiami TRAIL N.
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VST
NAME KAYE, C. JAY
STREET ADDRESS 16990 TAMiami TRAIL N.
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 reports 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 #

4/23/01

CR2E034 (10/00)