

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
 04-24-2001 90309 047 \*\*\*150.00

0542744

**DOCUMENT # P97000070226**

1. Entity Name

**TOUCHSTONE HOMES OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business

**8001 COCONUT RD  
 BONITA SPRINGS FL 34135  
 US**

Mailing Address

**8001 COCONUT RD  
 BONITA SPRINGS FL 34135  
 US**

2. Principal Place of Business

**23750 Old Lighthouse Rd  
 Suite, Apt. #, etc.**

3. Mailing Address

**23750 Old Lighthouse Rd  
 Suite, Apt. #, etc.**

City & State

City & State

4. FEI Number

**59-3463763**

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

**PASSIDOMO, KATHLEEN C ESQ  
 2640 GOLDEN GATE PKWY  
 STE 315  
 NAPLES FL 34105-3203**

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 **PD** ☐ Delete  
 NAME **WALLACE, JAMES P**  
 STREET ADDRESS **27270 RIDGE LAKE COURT**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **V** ☐ Delete  
 NAME **SUOBODA, JOHN**  
 STREET ADDRESS **8001 COCONUT RD**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **ST** ☐ Delete  
 NAME **DWIER, ED**  
 STREET ADDRESS **8001 COCONUT ROAD**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **23750 Old Lighthouse Rd**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **23750 Old Lighthouse Rd**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **23750 Old Lighthouse Rd**  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)