

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 90091 019 \*\*\*150.00

**DOCUMENT # P97000078092**

1. Entity Name

**LANDMARK REALTY OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business

**2154 TRADE CENTER WAY  
 SUITE 3  
 NAPLES FL 34109**

Mailing Address

**2154 TRADE CENTER WAY  
 SUITE 3  
 NAPLES FL 34109**

2. Principal Place of Business c/o  
**Landmark Development Group**

Suite, Apt. #, etc.  
**5668 Strand Court, #108**

City & State  
**Naples, FL**

Zip Country  
**34110 US**

3. Mailing Address c/o  
**Landmark Development Group**

Suite, Apt. #, etc.  
**5668 Strand Court, #108**

City & State  
**Naples, FL**

Zip Country  
**34110 US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3471577**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CLASP, INC.  
 C/O CUMMINGS & LOCKWOOD  
 3001 TAMiami TR N. 4 FLR  
 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 **DPST** ☐ Delete  
 NAME **SHAFRAN, ARTHUR A**  
 STREET ADDRESS **2154 TRADE CENTER WAY, STE. 3**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **DV** ☐ Delete  
 NAME **DONALDSON, E. EARL**  
 STREET ADDRESS **2154 TRADE CENTER WAY, STE. 3**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **D, P** ☒ Change ☐ Addition  
 NAME **Arthur A. Shafran**  
 STREET ADDRESS **5668 Strand Court, #108**  
 CITY-ST-ZIP **Naples, FL 34110**

TITLE **D, V** ☒ Change ☐ Addition  
 NAME **E. Earl Donaldson**  
 STREET ADDRESS **5668 Strand Court, #108**  
 CITY-ST-ZIP **Naples, FL 34110**

TITLE **D, V, T, S** ☐ Change ☒ Addition  
 NAME **James E. Pierce**  
 STREET ADDRESS **5668 Strand Court, #108**  
 CITY-ST-ZIP **Naples, FL 34110**

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

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 all other like empowered.

**SIGNATURE:**

**Arthur A. Shafran, President**

**941-597-8400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

UBR/431

CR2E034 (10/00)