

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0637339  
AV

DOCUMENT # P97000084231

1. Entity Name  
C L SOAVE REALTY SALES, INC.



FILED

03 MAY -9 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2043 TRADE CENTER WAY  
NAPLES FL 34109

Mailing Address  
2043 TRADE CENTER WAY  
NAPLES FL 34109



2. Principal Place of Business

2200 Corporate Blvd. N.W.  
Suite, Apt. #, etc.  
Suite 401

3. Mailing Address

2200 Corporate Blvd. N.W.  
Suite, Apt. #, etc.  
Suite 401

☒ CHECK HERE IF MAKING CHANGES

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

4. FEI Number 59-3498016

Applied For  
Not Applicable

Zip Country  
33431 US

Zip Country  
33431 US

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

6. Name and Address of Current Registered Agent

HCRM CORP.  
2200 CORPORATE BLVD., NW  
SUITE 401  
BOCA RATON FL 33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SOAVE, JOHN F  
STREET ADDRESS 2043 TRADE CENTER WAY  
CITY-ST-ZIP NAPLES FL 34109

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 000018684130  
CITY-ST-ZIP 05/09/03--01092--004 \*\*900.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CHD ☐ Change ☒ Addition  
NAME Lawrence A. Duprey  
STREET ADDRESS 2200 Corporate Blvd. N.W., Suite 401  
CITY-ST-ZIP Boca Raton, FL 33431

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CEOSD ☐ Change ☒ Addition  
NAME Joseph R. Cook  
STREET ADDRESS 2200 Corporate Blvd. N.W., Suite 401  
CITY-ST-ZIP Boca Raton, FL 33431

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition  
NAME John Yanopoulos  
STREET ADDRESS 2043 Trade Center Way  
CITY-ST-ZIP Naples, FL 34109

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

(561) 997-9223

Date

Daytime Phone #

CR2E034 (10/02)