

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90087 027 ***150.00

DOCUMENT # P97000088237

1. Entity Name
RONTO DEVELOPMENTS PARKLANDS, INC.

Principal Place of Business

3185 HORSESHOE DR. S.
FIRST FLOOR
NAPLES FL 34104
US

Mailing Address

3185 HORSESHOE DR. S.
FIRST FLOOR
NAPLES FL 34104
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3474808

Applied For

Not Applicable

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

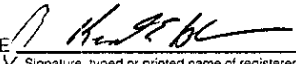
SOLOMON, JACK
3185 HORSESHOE DRIVE SOUTH
FIRST FLOOR
NAPLES FL 34104

Name- Ken E. Bloom

Street Address (P.O. Box Number is Not Acceptable)
3185 Horseshoe Dr. S
First Floor

City Naples FL Zip Code 34104

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  **Kenneth E. Bloom** **4-25-02**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME SOLOMON, JACK
STREET ADDRESS 3185 HORSESHOE DRIVE S
CITY-ST-ZIP NAPLES FL 34104

TITLE VP ☐ Change ☒ Addition
NAME Reinders, Jim M.
STREET ADDRESS 3185 JHorseshoe Dr. S
CITY-ST-ZIP Naples, FL 34104

TITLE VP ☐ Delete
NAME BENNETT, DAVE
STREET ADDRESS 3185 HORSESHOE DRIVE S
CITY-ST-ZIP NAPLES FL 34104

TITLE S, T ☐ Change ☒ Addition
NAME Solomon, Anthony P.
STREET ADDRESS 3185 Horseshoe Dr. S,
CITY-ST-ZIP Naples, FL 34104

TITLE VP ☐ Delete
NAME TAYLOR, MARK S.
STREET ADDRESS 3185 HORSESHOE DRIVE S
CITY-ST-ZIP NAPLES FL 34104

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

TITLE ST ☒ Delete
NAME WELKS, KAREN E.
STREET ADDRESS 3185 HORSESHOE DRIVE S
CITY-ST-ZIP NAPLES FL 34104

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02
 Date

9416446310
 Daytime Phone #

MA00003 AV

CR2E034 (9/01)

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DO NOT WRITE IN THIS SPACE