

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) *Amended*

09-09-2002 90004018****70.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0136832

DOCUMENT # P97000095222

1. Entity Name

PELICAN LANDING PROPERTY MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3566 GLENWATER LANE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 111419

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

NAPLES, FL

4. FEI Number

76-0553146

Applied For

Not Applicable

Zip

34134

Country

US

Zip

34108-0124

Country

US

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JANE E. LAMBERSON, CPA

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

C/O SWOPE, LAMBERSON, GUILKEY & O'CONNOR

8955 FONTANA DEL SOL WAY

City

NAPLES, FL

FL

Zip Code

34109

DO NOT WRITE
IN THIS SPACE

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 *Jane E. Lamberson*

JANE E. LAMBERSON, PRESIDENT

9-5-02

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT & DIRECTOR
JANE E. LAMBERSON
8955 FONTANA DEL SOL WAY
NAPLES, FL 34109

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jane E. Lamberson*

JANE E. LAMBERSON

9-5-02

239-262-0170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)