

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098403

1. Entity Name
BATEMAN COMMUNITIES OF S.W. FLORIDA, INC.

FILED

02 JUN -5 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4771 ALBERTON CRT
SUITE #3502
NAPLES FL 34105
US

Mailing Address
4771 ALBERTON CRT
SUITE #3502
NAPLES FL 34105
US

2. Principal Place of Business
4770 Alberton Court
Suite, Apt. #, etc.
#2602
City & State
Naples, FL
Zip
34105
Country
USA

3. Mailing Address
4770 Alberton Court
Suite, Apt. #, etc.
#2602
City & State
Naples, FL
Zip
34105
Country
USA

4. FEI Number 65-0797254
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BATEMAN, ARTHUR L
4771 ALBERTON CRT
#3502
NAPLES FL 34105

7. Name and Address of New Registered Agent
Name
Bateman, Arthur L.
Street Address (P.O. Box Number is Not Acceptable)
4770 Alberton Court
#2602
City
Naples FL Zip Code
34105

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]* DATE 6/3/02
(NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATEMAN ARTHUR L		NAME	Bateman, Arthur L.	
STREET ADDRESS	4771 ALBERTON CRT #3502		STREET ADDRESS	4770 Alberton Court, #2602	
CITY-ST-ZIP	NAPLES FL 34105		CITY-ST-ZIP	Naples, FL 34105	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERSCH, JOYCE		NAME		
STREET ADDRESS	4445 DOVER CT #803		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34105		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* DATE 6/3/02 DAYTIME PHONE # 239-430-1012