

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106972

1. Entity Name

PARADISE GOLF PROPERTIES, INC.

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90043 026 ***150.00

Principal Place of Business

16660 PINE RIDGE ROAD
FORT MYERS FL 33908
US

Mailing Address

P.O. BOX 08518
FORT MYERS FL 33908
US

2. Principal Place of Business

3. Mailing Address

16660 PINE RIDGE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT MYERS, FL

Zip

Country

Zip

Country

33908

USA

4. FEI Number 52-2074231

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

LOSEY, DANIEL R
16410 MILLSTONE CIRCLE
#103
FORT MYERS FL 33908

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LOSEY, DANIEL R
STREET ADDRESS 16410 MILLSTONE CIRCLE, #103
CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete

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

TITLE DTS
NAME LOSEY, TONYA
STREET ADDRESS 16410 MILLSTONE CIRCLE, #103
CITY-ST-ZIP FT MYERS FL 33908 ☐ Delete

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

TITLE V
NAME SPENCER, DAVIS
STREET ADDRESS 1580 BAYWATER LANE
CITY-ST-ZIP CICERO IN 46034 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)