

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108477

1. Entity Name

LAS PALMAS COLONY VILLAS, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90124 024 ***150.00

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Principal Place of Business 2154 TRADE CENTER WAY SUITE 3 NAPLES FL 34109		Mailing Address 2154 TRADE CENTER WAY SUITE 3 NAPLES FL 34109-2036		<div>Barcode</div> <div>DO NOT WRITE IN THIS SPACE</div>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3484358	
				Applied For Not Applicable	
5. Certificate of Status Desired				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLASP, INC. C/O CUMMINGS & LOCKWOOD 3001 TAMIAMI TR N. 4 FLR NAPLES FL 34103				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.					
SIGNATURE _____ (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) <input type="checkbox"/>					
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State					
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
11. OFFICERS AND DIRECTORS					
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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: _____ Arthur A. Shafran, President _____ 941-597-8400					

CR2E034 (9/99)