

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002833

1. Entity Name
ARTHUR DAVIS
NOBLE COMMUNITIES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90336 007 ***150.00

Principal Place of Business Mailing Address
2403 TRADE CENTER WAY 2403 TRADE CENTER WAY
STE 6 STE 6
NAPLES FL 34109 NAPLES FL 34109-2034

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 **59-3486845** Applied For
Not Applicable

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

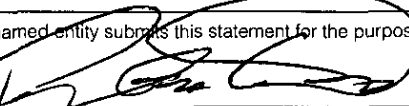
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUGGER, JOHN N
600 FIFTH AVENUE SOUTH STE. 207
NAPLES FL 34102

Name **Arthur G. Davis**
Street Address (P.O. Box Number is Not Acceptable)
2116 Mission Dr.
City **Naples** **FL** Zip Code **34109**

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  **ARTHUR G. DAVIS, PRESIDENT** **4/19/2000**
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, 2000 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 checked="" type="checkbox"/> Delete |
| NAME | BRUGGER, JOHN N | |
| STREET ADDRESS | 211 SHARWOOD DRIVE | |
| CITY-ST-ZIP | NAPLES FL 34110 | |
| TITLE | DAS | <input checked="" type="checkbox"/> Delete |
| NAME | BRUGGER, CAROL R | |
| STREET ADDRESS | 211 SHARWOOD DRIVE | |
| CITY-ST-ZIP | NAPLES FL 34110 | |
| TITLE | CEOS | <input type="checkbox"/> Delete |
| NAME | DAVIS, ARTHUR G | |
| STREET ADDRESS | 2116 MISSION DR | |
| CITY-ST-ZIP | NAPLES FL 34109 | |
| TITLE | TVD | <input type="checkbox"/> Delete |
| NAME | DAVIS, ARTHUR G | |
| STREET ADDRESS | 2116 MISSION DR | |
| CITY-ST-ZIP | NAPLES FL 34109 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | DAVIS, DANIELE | |
| STREET ADDRESS | 2116 MISSION DR | |
| CITY-ST-ZIP | NAPLES FL 34109 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------|--|
| TITLE | PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAVIS, ARTHUR G. | |
| STREET ADDRESS | 2116 MISSION DRIVE | |
| CITY-ST-ZIP | NAPLES FL 34109 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Davis, Daniele | |
| STREET ADDRESS | 2116 Mission Drive | |
| CITY-ST-ZIP | Naples, FL 34109 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR G. DAVIS, PRESIDENT

4/19/00 **941-558-3222**
Date Daytime Phone #

CR2E034 (9/99)