

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007213

1. Entity Name

ENGLEWOOD DEVELOPMENT, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90015 022 ***150.00

Principal Place of Business

5995 10TH AVENUE SOUTHWEST
NAPLES FL 34116

Mailing Address

5995 10TH AVENUE SOUTHWEST
NAPLES FL 34116-3849

2. Principal Place of Business

923 Fountain Row

3. Mailing Address

923 Fountain Row

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples Fla.

City & State

Naples Fla.

4. FEI Number

59-3502244

Applied For

Not Applicable

Zip

34119

Country

USA

Zip

34119

Country

USA

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

SAADEH, SAM
5995 10TH AVENUE SOUTHWEST
NAPLES FL 34116

Name

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

923 Fountain Row

City

Naples

FL

Zip Code

34119

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, 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 PVST ☐ Delete
NAME SAADEH, SAM
STREET ADDRESS 5995 10TH AVENUE SOUTHWEST
CITY-ST-ZIP NAPLES FL 34116

TITLE D ☐ Delete
NAME SAADEH, SAM
STREET ADDRESS 5995 10TH AVENUE SOUTHWEST
CITY-ST-ZIP NAPLES FL 34116

TITLE DV ☐ Delete
NAME SAADEH, MICHEL
STREET ADDRESS 5995 10TH AVE SW
CITY-ST-ZIP NAPLES FL 34116

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 923 Fountain Row
CITY-ST-ZIP Naples Fla. 34119

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 923 Fountain Row
CITY-ST-ZIP Naples Fla. 34119

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 923 Fountain Row
CITY-ST-ZIP Naples Fla. 34119

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

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

TITLE ☐ Change ☐ 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 of Michael Sadeh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000
Date

Daytime Phone #

CR2E034 (9/99)