

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90244 027 ***150.00

DOCUMENT # P98000017874

1. Entity Name
FMC CAPITAL REALITY, INC.

Principal Place of Business Mailing Address
201 8TH ST S 201 8TH ST S
107 107
NAPLES FL 34102 NAPLES FL 34102

2. Principal Place of Business 3. Mailing Address
800 LAUREL OAK DRIVE 800 LAUREL OAK DRIVE

Suite, Apt. #, etc. Suite, Apt. #, etc.
200 200

City & State City & State
NAPLES, FL NAPLES, FL

Zip Country Zip Country
34108 US 34108 US



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0815586** 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

SCHROEDER, DOUGLAS P
201 8TH ST SO
STE 107
NAPLES FL 34102

Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
800 LAUREL OAK DRIVE #200
 City **NAPLES** FL Zip Code **34108**

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 *Douglas P. Schroeder* **DOUGLAS P. SCHROEDER** **4/30/01**
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	SCHROEDER, DOUGLAS P			
	201 8TH ST STE 107			
	NAPLES FL 34102			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Douglas P. Schroeder* **DOUGLAS P. SCHROEDER** **4/30/01** **941-403-7220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)