

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90026 036 ***150.00

DOCUMENT # P98000021028

1. Entity Name
R&D BEACH PROPERTIES, INC.

Principal Place of Business

15400 MILAN LANE
NAPLES FL 34110

Mailing Address

15400 MILAN LANE
NAPLES FL 34110

2. Principal Place of Business

15449 Milan Way

3. Mailing Address

Same

City & State
Naples, FL

City & State

4. FEI Number **59-3505188**

Applied For
Not Applicable

Zip
34110

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

GARLICK, THOMAS B
~~**6669 PELICAN BAY BLVD., STE. 660**~~
~~**NAPLES FL 34106**~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5551 Bridgeway Drive, Suite 101

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 _____ 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **RUBINTON, JON**
STREET ADDRESS **15400 MILAN LANE**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **PD** ☐ **Delete**
NAME **RUBINTON, JON**
STREET ADDRESS **15400 MILAN LANE**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ **Delete**
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS **15449 Milan Way**
CITY-ST-ZIP **Naples, FL 34110**

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NAME
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02 **941-592-0134**
Date **Daytime Phone #**

CR2E034 (9/01)