

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023666

1. Entity Name

JODA DEVELOPMENT, INC.

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90027 041 ***158.75

Principal Place of Business

801 LAUREL OAK DR., SUITE 710
NAPLES FL 34108

Mailing Address

801 LAUREL OAK DR., SUITE 710
NAPLES FL 34108

2. Principal Place of Business

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 200

City & State

Naples, FL

Zip

34103

Country

3. Mailing Address

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 200

City & State

Naples, FL

Zip

34103

Country

C0037309



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3498649

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, MARK J
801 LAUREL OAK DR., SUITE 710
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

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

3200 Tamiami Trail North, Suite 200

City

Naples

FL

Zip Code

34103

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, 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

TITLE D ☐ Delete
NAME GLON, DALE R
STREET ADDRESS 930 CAPE MARCO DR., SUITE PH-3
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE D ☐ Delete
NAME PREVITI, JOSEPH
STREET ADDRESS 930 CAPE MARCO DR., SUITE PH-3
CITY-ST-ZIP MARCO ISLAND FL 34145

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-2001

Date

941-394-5217

Daytime Phone #

CR2E034 (10/00)