

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90023 021 ***150.00

DOCUMENT # P98000029736

1. Entity Name

MURDOCK CENTER DEVELOPMENT CORPORATION

Principal Place of Business

**3838 TAMiami TRAIL NORTH #402
NAPLES FL 34103-3507**

Mailing Address

**3838 TAMiami TRAIL NORTH #402
NAPLES FL 34103-3507**

2. Principal Place of Business

2640 Golden Gate Parkway

3. Mailing Address

2640 Golden Gate Parkway

Suite, Apt. #, etc.

Suite 115

Suite, Apt. #, etc.

Suite 115

DO NOT WRITE IN THIS SPACE

City & State

Naples, FLorida

City & State

Naples, Florida

4. FEI Number

65-0832927

Applied For

Not Applicable

Zip

34105

Country

USA

Zip

34105

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

**CONROY, J. THOMAS, III
3838 TAMiami TRAIL NORTH
SUITE 402
NAPLES FL 34103**

Name

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

**2640 Golden Gate Parkway,
Suite 115**

City

Naples

FL

Zip Code

34105

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
NASHMAN, JAMES A
24840 BURNT PINE DRIVE, STE 2
BONITA SPRINGS FL 34134**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DV
KEPLEY, RICHARD B
1170 THIRD STREET, S, STE C-200
NAPLES FL 34102**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DSTV
CONROY, J. THOMAS III
3838 TAMiami TRAIL, N., STE 402
NAPLES FL 34103**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**26811 South Bay Drive, Suite 350
Bonita Springs, Florida 34134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

1170 Third Street, South, Suite C-206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**2640 Golden Gate Parkway, Suite 115
Naples, Florida 34105**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0497462 AV

CR2E034 (9/01)