

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90050 038 ***150.00

DOCUMENT # P98000035275

1. Entity Name

IMPERIAL HOMES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

**809 WALKERBILT RD
 STE 6
 NAPLES FL 34110**

Mailing Address

**809 WALKERBILT RD
 STE 6
 NAPLES FL 34110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3508737**

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

**WANDERON, THOMAS
 9915 TAMIAMI TRAIN N
 STE 2
 NAPLES FL 34108**

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Delete
 NAME **DEPRISCO, LOUIS R**
 STREET ADDRESS **8413 ABBINGTON CIRCLE #311**
 CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE **DVPS** ☐ Delete
 NAME **CUENYA, DANIEL O**
 STREET ADDRESS **5847 CHARLTON WAY**
 CITY-ST-ZIP **NAPLES FL 34119**

☒ Change ☐ Addition
 TITLE **DPT**
 NAME **CUENYA, DANIEL O.**
 STREET ADDRESS **5847 CHARLTON WAY**
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition
 TITLE **DVPS**
 NAME **DON J. GUNTHER**
 STREET ADDRESS **8665 BAY COLONY DRIVE #2204**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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☐ Change ☐ Addition
 TITLE
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-01

Date

941-597-1316

Daytime Phone #

CR2E034 (10/00)