

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035275

1. Entity Name

IMPERIAL HOMES OF SOUTHWEST FLORIDA, INC.

*** AMENDED ***

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

8. Name and Address of Current Registered Agent

WANDERON, THOMAS
9915 TAMiami TRAIL N
STE 2
NAPLES FL 34108

7. Name and Address of New Registered Agent

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DVP	☐ Delete
NAME	GUNTHER, DON J	
STREET ADDRESS	8665 BAY COUNTY DRIVE #2204	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	DPT	☐ Delete
NAME	CUENYA, DANIEL O	
STREET ADDRESS	5847 COKLTON WAY	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	DVP	☐ Delete
NAME	GUNTHER, CURTIS	
STREET ADDRESS	2031 CASTLE GARDEN LANE	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DVP	☐ Delete
NAME	SUAREZ, MARIO	
STREET ADDRESS	5025 CEDAR SPRINGS, DRIVE 101	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DVP	☒ Delete
NAME	COHILL, WILLIAM	
STREET ADDRESS	1332 CYPRESS WOODS DRIVE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	☐ Change ☒ Addition
NAME	Judith A. Phillips	
STREET ADDRESS	27141 Oakwood Lake Drive	
CITY-ST-ZIP	Benita Springs, FL 34134	
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		

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 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 of the corporation; that I am not a partner, partner-in-interest, or partner-in-trust 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER AND OFFICER OR DIRECTOR

4/22/02 239-597-1316
Date Daytime Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE