

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90050 041 ***150.00

DOCUMENT # P98000049466

1. Entity Name
FLORIDA GULF PROPERTY I, INC.

Principal Place of Business
25130 RIDGE OAK DRIVE
BONITA SPRINGS FL 34134

Mailing Address
25130 RIDGE OAK DRIVE
BONITA SPRINGS FL 34134

2. Principal Place of Business
6947 Verde Way
 Suite, Apt. #, etc.

3. Mailing Address
6947 Verde Way
 Suite, Apt. #, etc.

City & State
Naples FL
 Zip
34108
 Country
USA

City & State
Naples FL
 Zip
34108
 Country
USA

4. FEI Number
59-3515662

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PICKENPACK, THIES
25130 RIDGE OAK DR
BONITA SPGS FL 34134

7. Name and Address of New Registered Agent

Name
Pickenpack, Thies
 Street Address (P.O. Box Number is Not Acceptable)
6947 Verde Way
 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 **Thies Pickenpack** **J.P.L.** **4-19-02**
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	PSTD PICKENPACK, THIES 25130 RIDGE OAK DRIVE BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PICKENPACK, Thies 6947 Verde Way Naples, FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE:

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

4-19-02 **239-592-7303**

Date Daytime Phone #

CR2E034 (9/01)