2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060654

1. Entity Name

PELICAN BAY DEVELOPMENTS, INC.

Principal Place of Business

Mailing Address

24840 BURNT PINE DRIVE

24840 BURNT PINE DRIVE

SHITE 2 BONITA SPRINGS FL 34134

SUITE 2 BONITA SPRINGS FL 34134

3. Mailing Address Same Suite, Apt. #, etc.

City & State

4. FEl Number

65-0849321 5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

7. Name and Address of New Registered Agent

DO NOT WRITE IN THIS SPACE

CONROY, J. THOMAS III MORRISON & CONROY, P.A. 3838 TAMIAMI TRAIL, SUITE 402 NAPLES FL 34103

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

Country

City

(NOTE: Registered Agent signature required when reinstating)

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

DATE

FILED

05-16-2001 90400 035 ***150.00

May 16, 2001 8:00 am Secretary of State

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 it applicable.

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE ☐ Delete TITLE NASHMAN, JAMES A NAME NAME a 6811 South Bay Drive Ste 350 24840 BURNT PINE DRIVE, SUITE 2 STREET ADDRESS STREET ADDRESS Bonita Springs FL 34134 CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP D Delete TITLE Change ☐ Addition TITLE LAUER, RICHARD A NAME NAME 5am e 24840 BURNT PINE DRIVE, SUITE 2 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-7iP

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 purustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if an address, with all other like empowered. changed, or on an attachmen

SIGNATURE