

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068592

1. Entity Name

EAGLE DEVELOPMENT COMPANY OF SOUTHWEST FLORIDA,

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90097 017 \*\*\*150.00

Principal Place of Business

4099 TAMiami TRAIL NORTH  
 NAPLES FL 34103

Mailing Address

4099 TAMiami TRAIL NORTH  
 NAPLES FL 34103-8739

2. Principal Place of Business

11330 TWINEAGLES BLVD

3. Mailing Address

11330 TWINEAGLES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3526043

Applied For

Not Applicable

Zip

34120

Country

Zip

34120

Country

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

CORPORATION SERVICE COMPANY  
 3001 TAMiami TRAIL NORTH  
 4TH FLOOR NORTH  
 NAPLES FL

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, 2000 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 D ☐ Delete  
 NAME COLOSIMO, JAMES R  
 STREET ADDRESS 4099 TAMiami TRAIL NORTH  
 CITY-ST-ZIP NAPLES FL 34103

TITLE D, P, S ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 11330 TWINEAGLES BLVD.  
 CITY-ST-ZIP NAPLES FL 34120

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V, T ☐ Change ☒ Addition  
 NAME JOHN J O'DONNELL  
 STREET ADDRESS 11330 TWINEAGLES BLVD.  
 CITY-ST-ZIP NAPLES, FL 34120

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
 NAME KAREN COLOSIMO  
 STREET ADDRESS 11330 TWINEAGLES BLVD  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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 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 of James R. Colosimo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)