

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084358

1. Entity Name

LA TIERRA BUENA, INC.

Principal Place of Business

4375 PROGRESS AVENUE
UNIT 4-C
NAPLES FL 34104

Mailing Address

4375 PROGRESS AVENUE
UNIT 4-C
NAPLES FL 34104

2. Principal Place of Business

4110 Enterprise Ave

3. Mailing Address

4110 Enterprise Ave

Suite, Apt., etc.

Suite 119

Suite, Apt., etc.

Suite 119

City & State

Naples, FL

City & State

Naples, FL

Zip

34104

Country

Collier

Zip

34104

Country

Collier

6. Name and Address of Current Registered Agent

MUCCI, MARK S
ONE FINANCIAL PLAZA SUITE 1600
FT. LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE
NAME
D LAMB, JOSEPH K JR.
STREET ADDRESS
4375 PROGRESS AVE., UNIT 4-C
CITY-ST-ZIP
NAPLES FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
President
Lamb, Joseph K Jr.
STREET ADDRESS
4110 Enterprise Ave Suite 119
CITY-ST-ZIP
Naples FL 34104

TITLE
NAME
Vice President
Mark S. Mucci
STREET ADDRESS
One Financial Plaza Suite 1600
CITY-ST-ZIP
Ft Lauderdale, FL 33394

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

941 430-3655



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3538004

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

CR2E034 (10/00)