

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90639 036 ***150.00

DOCUMENT # P98000102630

1. Entity Name

SEMPER DEVELOPMENT OF NAPLES, INC.

Principal Place of Business

**5150 TAMiami TRAIL NORTH
SUITE 504
NAPLES FL 34103**

Mailing Address

**5150 TAMiami TRAIL NORTH
SUITE 504
NAPLES FL 34103**

2. Principal Place of Business

**5629 Strand Blvd
Suite 409
Naples, FL
34110 Collier**

3. Mailing Address

**5629 Strand Blvd
Ste 409
Naples, FL
34110 Collier**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3550824**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRENNER, LOUIS W SR
5150 TAMiami TRAIL NORTH
SUITE 504
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name
Brenner, Louis W, Sr
Street Address (P.O. Box Number is Not Acceptable)
**5629 Strand Blvd
Ste 409
Naples FL 34110**

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] **Louis W Brenner**

3-20-02
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	P	<input type="checkbox"/> Delete
NAME	BRENNER, LOUIS W SR	
STREET ADDRESS	5150 TAMiami TRAIL NO STE 504	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	BERGERUD, HOWARD B	
STREET ADDRESS	821 MARQUETTE AVE STE 600	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, G C	
STREET ADDRESS	821 MARQUETTE AVE STE 600	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] **Louis W Brenner**

3-20-02 9412547952
Date Daytime Phone #

CF2E034 (9/01)