

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000001423****1. Entity Name**  
**VINTAGE REALTY AND DEVELOPMENT CORPORATION****FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90102 014 \*\*\*150.00

Principal Place of Business

**2561 TALON COURT  
NAPLES FL 34105**

Mailing Address

**2561 TALON COURT  
NAPLES FL 34105****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number 59-3551442**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****LIEBERFARB, STANLEY J  
C/O TREISER, KOBZA & LIEBERFARB, CHTD.  
4001 TAMiami TRAIL N., STE. 330  
NAPLES FL 34103****7. Name and Address of New Registered Agent**

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, 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 D** ☐ Delete  
**NAME DAVIDSON, SUE E**  
**STREET ADDRESS 3055 RIVIERA DRIVE #108**  
**CITY-ST-ZIP NAPLES FL 34103****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE DIRECTOR** ☒ Change ☐ Addition  
**NAME DAVIDSON, SUE E.**  
**STREET ADDRESS 2205 GOSHAWK COURT**  
**CITY-ST-ZIP NAPLES, FL 34105****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**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:****SUE E. DAVIDSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/16/01**  
Date**941-643-3150**  
Daytime Phone #

CR2E034 (10/00)