

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009194

1. Entity Name

RON PORTER PROPERTIES

Principal Place of Business	Mailing Address
4501 TAMIAMI TRAIL NORTH SUITE 400 NAPLES, FL 34103-3013	4501 TAMIAMI TRAIL NORTH SUITE 400 NAPLES, FL 34103-3013

2. Principal Place of Business	3. Mailing Address
9240 BONITA BEACH ROAD	9240 BONITA BEACH ROAD

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 3305	SUITE 3305

City & State	City & State
BONITA SPRINGS, FL	BONITA SPRINGS, FL

Zip	Country	Zip	Country
34135	USA	34135	USA

4. FEI Number	Applied For
52-2229413	Not Applicable

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

GEBHARDT, ROBERT C ESQ  
4501 TAMIAMI TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103-3013

Name: CARUFE, NELIDA  
Street Address (P.O. Box Number is Not Acceptable): 9240 BONITA BEACH ROAD  
SUITE 3305  
City: BONITA SPRINGS FL Zip Code: 34135

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: *Nelida Canfe* *Nelida Canfe, CPA* 4/30/01

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	P	<input type="checkbox"/> Delete
NAME	RON PORTER	
STREET ADDRESS	GREEN DOLPHINS GRANNOCK PARK	
CITY - ST - ZIP	DEGANWY, N. WALES, U.K. LL319-PZ	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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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	100004481741	
STREET ADDRESS	-07/17/01--01102--022	
CITY - ST - ZIP	****150.00 ****150.00	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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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CITY - ST - ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #