2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027241

FILE COPY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 27 AM 9:31

1. Entity Name
MARQUETTE DEVELOPMENT COMPANY, INC.

Principal Place of Business
2344 BROADWING CT.
NAPLES FL 34105

Mailing Address
2344 BROADWING CT.
NAPLES FL 34105-2559

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: as above
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address: as above
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number: 59-3564880
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
O'GARA, JAMES G
2344 BROADWING CT.
NAPLES FL 34105

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City

800003349408--1
-08/08/00--01065--016
****150.00 ****150.00

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 _______________ 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

TITLE	D	☐ Delete
NAME	O'GARA, JAMES G	
STREET ADDRESS	2344 BROADWING CT.	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

AD

13. I hereby certify that the information supplied with this filing does not qualify for the exemption status 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.

James G. O'Gara (signature) James G. O'Gara (941)