

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90250 001 *1,772.50

DOCUMENT # P99000032396

1. Entity Name
VISTA POINTE DEVELOPERS, INC.



Principal Place of Business
98 VINEYARDS BOULEVARD
NAPLES FL 34119

Mailing Address
98 VINEYARDS BOULEVARD
NAPLES FL 34119



2. Principal Place of Business
75 Vineyards Blvd -
Suite, Apt. #, etc.
#500

3. Mailing Address
75 Vineyards Blvd.
Suite, Apt. #, etc.
#500

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0911451**

Applied For
Not Applicable

Zip **Country**

Zip **Country**

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

6. Name and Address of Current Registered Agent

ROGERS, ROBERT F
98 VINEYARDS BOULEVARD
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) **75 Vineyards Blvd #500**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **DATE** **1/20/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PROCACCI, MICHAEL	
STREET ADDRESS	98 VINEYARDS BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	PROCACCI, JOSEPH	
STREET ADDRESS	98 VINEYARDS BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAADEH, MICHEL	
STREET ADDRESS	98 VINEYARDS BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	SWITZER, TOM	
STREET ADDRESS	98 VINEYARDS BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	75 VINEYARDS Blvd STA FL
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	75 VINEYARDS Blvd. STA FL
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	75 VINEYARDS Blvd. STA FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VST Robert Rogers
STREET ADDRESS	75 VINEYARDS Blvd STA FL
CITY-ST-ZIP	Naples, FL 34119
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03

239
353-1973

Date **Daytime Phone #**

CR2E034 (10/02)