

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033094

1. Entity Name
846 DEVELOPMENTS OF NAPLES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90023 030 ***158.75

Principal Place of Business
4500 EXECUTIVE DRIVE
STE 300
NAPLES FL 34119

Mailing Address
4500 EXECUTIVE DRIVE
STE 300
NAPLES FL 34119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5672 STRAND COURT
Suite, Apt. #, etc.
SUITE #1
City & State
NAPLES FL
Zip
34110 Country
USA

3. Mailing Address
5672 STRAND COURT
Suite, Apt. #, etc.
SUITE #1
City & State
NAPLES FL
Zip
34110 Country
USA

4. FEI Number 59-3583031
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KELLY, JANET
4500 EXECUTIVE DRIVE #300
NAPLES FL 34119

7. Name and Address of New Registered Agent
Name
JANET KELLY
Street Address (P.O. Box Number is Not Acceptable)
5672 STRAND COURT
SUITE #1
City
NAPLES FL Zip Code
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 JANET KELLY TREASURER 3/6/01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, ROBERT S 5475 SHIRLEY STREET, #2 NAPLES FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP HARDY, ROBERT S. 5692 STRAND COURT #3 NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODE, LARRY J 5475 SHIRLEY STREET, #2 NAPLES FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, PRESIDENT GODE, LARRY J. 5672 STRAND COURT #2 NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GODE, LARRY 5475 SHIRLEY STREET #2 NAPLES FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARDY, ROBERT S 4500 EXECUTIVE DRIVE #300 NAPLES FL 34119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLY, JANET 4500 EXECUTIVE DRIVE #300 NAPLES FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KELLY, JANET 5672 STRAND COURT #1 NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY, JANET 4500 EXECUTIVE DRIVE #300 NAPLES FL 34119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JANET KELLY TREASURER 3/6/01 (941) 597-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)