

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047494

1. Entity Name

STRATEGIC PROPERTIES, INC. OF LEE COUNTY

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90028 035 ***150.00

Principal Place of Business

4661 IDYLWOOD LANE
NAPLES FL 34119

Mailing Address

4661 IDYLWOOD LANE
NAPLES FL 34119-8424

2. Principal Place of Business

28733 Megan Dr

Suite, Apt. #, etc.

3. Mailing Address

28733 Megan Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs FL

City & State

Bonita Springs FL

4. FEI Number

36-4294898

Applied For

Not Applicable

Zip

34135

Country

U.S.

Zip

34135

Country

U.S.

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

REYNOLDS, DONALD
4661 IDYLWOOD LANE
NAPLES FL 34119

Name

Richard Halpern

Street Address (P.O. Box Number is Not Acceptable)

28733 Megan Dr.

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, DONALD	
STREET ADDRESS	4661 IDYLWOOD LANE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D President	<input type="checkbox"/> Delete
NAME	Richard Halpern	
STREET ADDRESS	28733 Megan Dr	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Halpern	
STREET ADDRESS	28733 Megan Dr.	
CITY-ST-ZIP	Bonita Springs FL 34135	
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
NAME		
STREET ADDRESS		
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:

Richard Halpern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

941 572-3000

Daytime Phone #

CR2E034 (9/99)