2001 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P9900051013 TRÓPHY CLUB AT THE STRAND, INC. 03-19-2001 90035 014 ***150.00 Mailing Address Principal Place of Business 4375 DOVER COURT, STE. 102 4375 DOVER COURT, STE. 102 NAPLES FL 34105 NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address 4771 Alberton Court 4771 Alberton Court Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #3502 #3502 Applied For City & State 4. FEI Number 59-3581250 City & State Not Applicable Naples, FL Naples, FL\$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П Fee Required 34105 34105 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Bateman, Arthur L. BATEMAN, ARTHUR L Street Address (P.O. Box Number is Not Acceptable) 4375 DOVER COURT 102 NAPLES FL 34105 4771 Alberton Court, #3502 Zip Code Naples purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Change ☐ Addition **PSD** TITLE TITLE Delete BATEMAN, ARTHUR L NAME NAME 4375 DOVER COURT 102 STREET ADDRESS 4771 Alberton Court, #3502 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP Naples. FL 34105 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trustage empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

er like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED