

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053737

1. Entity Name

MUIRFIELD AT THE MARSH, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90210 044 ***150.00

Principal Place of Business Mailing Address
C/O PORTER, WRIGHT, MORRIS & ARTHUR C/O PORTER, WRIGHT, MORRIS & ARTHUR
5801 PELICAN BAY BLVD., SUITE 300 5801 PELICAN BAY BLVD., SUITE 300
NAPLES FL 34108-2709 NAPLES FL 34108-2709

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3590262 Applied For Not Applicable

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

WILSON, GARY K
5801 PELICAN BAY BOULEVARDS, SUITE 300
NAPLES FL 34108-2709

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

SIGNATURE _____ (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 ☐ Delete
NAME ~~WILSON, GARY K~~
STREET ADDRESS ~~5801 PELICAN BAY BLVD., SUITE 300~~
CITY-ST-ZIP ~~NAPLES FL 34108-2709~~

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

TITLE D/P/S/T ☐ Delete
NAME OUVERSON, THOMAS H.
STREET ADDRESS 5801 PELICAN BAY BLVD., # 300
CITY-ST-ZIP NAPLES, FL 34108-2709

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

941-290-5440

Daytime Phone #

CR2E034 (9/99)