

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056448

1. Entity Name

THE DUNES OF NAPLES, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90020 039 \*\*\*150.00

Principal Place of Business

Mailing Address

5051 CASTELLO DR. SUITE 224  
NAPLES FL 34103

5051 CASTELLO DR. SUITE 224  
NAPLES FL 34103-8986

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3590118

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

80001762



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOURASSA, PETER R  
5051 CASTELLO DR, SUITE 224  
NAPLES FL 34103

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SCHEINHOLZ, ARTHUR  
220 COMMONWEALTH AVE  
BOSTON MA 02116 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DARER, ENRIQUE  
39 BRIGHTON AVE  
BOSTON MA 02134 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BOURASSA, PETER R  
47 MENDUM ST  
BOSTON MA 02131 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Add

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:

*Peter Bourassa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/00

Date

941-403-8255

Daytime Phone #