## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 04, 2002 8:00 am P99000056448 DOCUMENT # **Secretary of State** 1. Entity Name THE DUNES OF NAPLES, INC. 02-04-2002 90242 001 \*\*\*845.00 Principal Place of Business Mailing Address 3055 TERRAMAR DR 3055 TERRAMAR DR NAPLES FL 34119 NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3590118 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent seenc BOURASSA, PETER R Street Address (P.O. Box Number is Not Acceptable) 5051 CASTELLO DR. SUITE 224 NAPLES FL 34103 hent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state Signature, typed or printed FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so П 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. (9/01)☐ Change Addition ☐ Delete TITLE TITLE SCHEINHOLZ, ARTHUR NAME NAME CR2E034 3055 TERRAMAR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP ☐ Addition ☐ Change D ☐ Defete TITLE TITLE DARER, ENRIQUE NAME NAME STREET ADDRESS STREET ADDRESS 3055 TERRAMAR DRIVE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME **BOURASSA, PETER R** STREET ADDRESS STREET ADDRESS 3055 TERRAMAR DRIVE CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34119 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

STATUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(94)593.7373 Daytine Phone #

FILED