

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072869

1. Entity Name

STONEBRIDGE REALTY, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90116 025 ***150.00

Principal Place of Business

4979 TAMiami TRAIL E.
NAPLES FL 34113

Mailing Address

4979 TAMiami TRAIL E.
NAPLES FL 34113-4131

2. Principal Place of Business

5091 TAMiami TRAIL E

3. Mailing Address

5091 TAMiami TRAIL E

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0941110

Applied For

Not Applicable

Zip

34113

Country

COLLIER

Zip

34113

Country

COLLIER

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

ROSS, DONALD K JR.
2640 GOLDEN GATE PARKWAY
SUITE 206
NAPLES FL 34105

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 ☐ Delete
NAME D
STREET ADDRESS GARDINER, JOHN H
CITY-ST-ZIP 4979 TAMiami TRAIL E.
NAPLES FL 34113

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4776 CERROMAR DR
CITY-ST-ZIP NAPLES, FL 34112

TITLE ☐ Delete
NAME D
STREET ADDRESS GARDINER, JOHN H
CITY-ST-ZIP 4979 TAMiami TRAIL E.
NAPLES FL 34113

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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:

John H Gardiner PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/2000

941-417-8060

CR2E034 (1/1/00)