

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State
 04-21-2000 90116 024 ***150.00

DOCUMENT # P99000078625

1. Entity Name

LELY LAKES REALTY, INC.

Principal Place of Business

4979 TAMiami TRAIL EAST
 NAPLES FL 34113

Mailing Address

4979 TAMiami TRAIL EAST
 NAPLES FL 34113-4131

2. Principal Place of Business

5091 TAMiami TRAIL E

Suite, Apt. #, etc.

3. Mailing Address

5091 TAMiami TRAIL E

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34113

Country

COLLIER

City & State

NAPLES, FL

Zip

34113

Country

COLLIER

4. FEI Number

☒ 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

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 EAST
 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, SUSAN B
 CITY-ST-ZIP 4979 TAMiami TRAIL EAST
 NAPLES FL 34113

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 19/99