

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000085788****1. Entity Name**
RAFFINATI, INC.**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90137 037 ***158.75

Principal Place of Business
801 LAUREL OAK DRIVE #710
NAPLES FL 34108**Mailing Address**
801 LAUREL OAK DRIVE #710
NAPLES FL 34108**2. Principal Place of Business**
3200 Tamiami Trail N.**3. Mailing Address**
3200 Tamiami Trail N.**Suite, Apt. #, etc.**
Suite 200**Suite, Apt. #, etc.**
Suite 200**City & State**
Naples, FL**City & State**
Naples, FL**Zip**
34103**Country****Zip**
34103**Country****4. FEI Number** **59-3608742****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****WOODWARD, MARK J**
801 LAUREL OAK DRIVE #710
NAPLES FL 34108**Name****Street Address (P.O. Box Number is Not Acceptable)****3200 Tamiami Trail N., Suite 200****City****Naples****FL****Zip Code**
34103**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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **DP** ☐ **Delete**
NAME **WOODWARD, MARK J**
STREET ADDRESS **801 LAUREL OAKS DR STE 710**
CITY-ST-ZIP **NAPLES FL 34108**☒ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS **3200 Tamiami Trail N., Suite 200**
CITY-ST-ZIP **Naples, FL 34103****TITLE** **DS** ☐ **Delete**
NAME **DINARDO, ANTHONY**
STREET ADDRESS **3470 CLUB CENTER BLVD**
CITY-ST-ZIP **NAPLES FL 34114**☐ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ **Change** ☒ **Addition**
TITLE **D**
NAME **PARISI, JOSEPH L**
STREET ADDRESS **3470 CLUB CENTER BLVD**
CITY-ST-ZIP **NAPLES, FL 34114****TITLE** ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ **Change** ☐ **Addition**
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CITY-ST-ZIP**TITLE** ☐ **Delete**
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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, without other like empowered.****SIGNATURE: Aubrey J Ferrao**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01

Date

941 732 9400

Daytime Phone #

CR2E034 (10/00)