

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S24065

1. Entity Name

CALUSA LAKES REALTY, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90032 033 ***150.00

Principal Place of Business

Mailing Address

2106 MUSKOGEE TRAIL
SUITE 221-B
NOKOMIS FL 34275
US

2106 MUSKOGEE TRAIL
SUITE 221-B
NOKOMIS FL 34275-5328
US

80013218



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2107 Calusa Lakes Blvd.

3. Mailing Address

2107 Calusa Lakes Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0237557

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOHNSON, SHERELL W JR
2106 MUSKOGEE TRAIL
NOKOMIS FL 34275

Name

Street Address (P.O. Box Number is Not Acceptable)

2107 Calusa Lakes Blvd.

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 JOHNSON, SHERELL W JR
CITY-ST-ZIP 2106 MUSKOGEE TRAIL
NOKOMIS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2107 Calusa Lakes Blvd.
CITY-ST-ZIP Nokomis, FL 34275

TITLE ☐ Delete
NAME D
STREET ADDRESS NISLEY, ANDY
CITY-ST-ZIP 2106 MUSKOGEE TRAIL
NOKOMIS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2107 Calusa Lakes Blvd.
CITY-ST-ZIP Nokomis, FL 34275

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

Sherell W. Johnson, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-484-6004

Daytime Phone #