

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S26035

1. Entity Name

DEVELOPERS OF SOUTHWEST FLORIDA REALTY, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90080 023 ***150.00

Principal Place of Business

1250 MARION AVE
SUITE 301
PUNTA GORDA FL 33950
US

Mailing Address

BOX 511448
SUITE 301
PUNTA GORDA FL 33951-1448
US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0240511

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

WOTITZKY, ED
223 TAYLOR ST
SUITE 301
PUNTA GORDA FL 33950

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 VP
NAME LEONARD, FRED
STREET ADDRESS 1250 W MARION AVE # 24
CITY-ST-ZIP PUNTA GORDA FL 33950 ☒ Delete

TITLE VP
NAME GORDON DERRINGTON
STREET ADDRESS 445 BELVEDERE CT
CITY-ST-ZIP PUNTA GORDA, FL 33950 ☒ Change ☐ Addition

TITLE PS
NAME CRIST, DOUGLAS E
STREET ADDRESS 2305 BOLLMAN DRIVE
CITY-ST-ZIP LANSING MI ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPT
NAME JOHNS, LEWIS D
STREET ADDRESS 316 E MICHIGAN AVE
CITY-ST-ZIP LANSING MI ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 (9/99)