

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S30516

1. Entity Name

LANDMARK REAL ESTATE OF COLLIER COUNTY, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

06-03-2002 91201 019 ***550.00
 08-25-2002 90196 035 ***550.00

Principal Place of Business

4933 TAMiami TRAIL N
 SUITE 200
 NAPLES FL 34103
 US

Mailing Address

4933 TAMiami TRAIL N
 SUITE 200
 NAPLES FL 34103
 US

B0134916



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip *

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0303564

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

CATALANO FISHER GREGORY & CROWN CHARTERED
 4001 TAMiami TR N
 STE 404
 NAPLES FL 33940

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 D
 NAME WHISNAND, H S
 STREET ADDRESS 4933 TAMiami TRAIL N., SUITE 200
 CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
 NAME BUTLER, POLLY
 STREET ADDRESS 4933 TAMiami TRAIL N, SUITE 200
 CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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 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 OF DIRECTOR

8/20/02 239-643-2662

CP2E034 (4/02)