

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90941 028 ***150.00

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DOCUMENT # S30516

1. Entity Name
LANDMARK REAL ESTATE OF COLLIER COUNTY, INC.



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**



2. Principal Place of Business

4760 Tamiami Tr. N.

3. Mailing Address

4760 Tamiami Tr. N.

Suite, Apt. #, etc.
#6

Suite, Apt. #, etc.
#6

City & State

Naples, FL

City & State

Naples FL

Zip
34103

Country
US

Zip
34103

Country
US

4. FEI Number **65-0303564**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WHISNAND, H S**
STREET ADDRESS **4933 TAMiami TRAIL N., SUITE 200**
CITY-ST-ZIP **NAPLES FL 34103**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 239-693-2662

Date Daytime Phone #

CR2E034 (10/02)