

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90038 015 ***150.00

DOCUMENT # V29388

1. Entity Name

JAMES T. MUFALLI REALTY, INC.

Principal Place of Business

11050 SUMMER LANE SQUARE DRIVE
FT. MYERS FL 33931
US

Mailing Address

11050 SUMMETCHM SQUARE DRIVE
FT. MYERS FL 33931
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0333351

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

COTTER, RICHARD T.
6100 ESTERO BLVD.
FT. MYERS BEACH FL 33391

Name

JOANNE MUFALLI

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

11050 Summerlin Square Drive
Fort Myers Beach FL 33931

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

JOANNE MUFALLI

4/1/2001

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MUFALLI, JAMES T.
STREET ADDRESS 11050 SUMMER LANE SUARE
CITY-ST-ZIP FORT MYERS BEACH FL 33931

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)