

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90297 007 ***150.00

DOCUMENT # V64022

1. Entity Name
NAPLES REALTY REFERRAL COMPANY

Principal Place of Business
4099 TAMiami TRAIL NORTH
2ND FLOOR
NAPLES FL 34103
US

Mailing Address
4099 TAMiami TRAIL NORTH
NAPLES FL 34103
US

2. Principal Place of Business

4980 N. Tamiami Tra. 1

Suite, Apt. #, etc.

#200

City & State

Zip

Country

3. Mailing Address

← Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0360369**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

STEINWALD, JOHN A
4099 TAMiami TRAIL N., 2ND FLOOR
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name **Steinwald, John A**
Street Address (P.O. Box Number is Not Acceptable)
4980 Tamiami Tra. 1 N #200
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, 2002 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

TITLE	CEO	<input type="checkbox"/> Delete
NAME	LEE, GINNY	
STREET ADDRESS	4099 TAMiami TRAIL NORTH, 2ND FLOOR	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	PST	<input type="checkbox"/> Delete
NAME	STEINWAND, A JOHN	
STREET ADDRESS	4099 TAMiami TR NO 2ND FLOOR	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4980 Tamiami Tra. 1 N #200	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4980 Tamiami Tra. 1 N #200	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)