

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90299 025 \*\*\*\*\*61.25

0005020

**DOCUMENT # 732360**

1. Entity Name

**NAPLES TIERRA DEL SOL, INC.**

Principal Place of Business

Mailing Address

C/O INTEGRATED PROPERTY MANAGEMENT, INC.  
 3435 10TH STREET NORTH, SUITE 201  
 NAPLES FL 33940

C/O INTEGRATED PROPERTY MANAGEMENT, INC.  
 3435 10TH STREET NORTH, SUITE 201  
 NAPLES FL 33940

645489



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

**59-2004987**

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

**ADAMS, JOE**  
**COLLIER PLACE ONE SUITE 100**  
**3003 TAMiami TRAIL NORTH**  
**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.

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VPD**  Delete  
 NAME: **HURST BETTY**  
 STREET ADDRESS: **5563 RATTLE SNAKE HAMMOCK RD C12**  
 CITY-ST-ZIP: **NAPLES FL**

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

TITLE: **STD**  Delete  
 NAME: **SERSHEN, KAREN**  
 STREET ADDRESS: **5563 RATTLESNAKE HAMMOCK RD**  
 CITY-ST-ZIP: **NAPLES FL**

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

TITLE: **D**  Delete  
 NAME: **SHARPE, KATHLEEN**  
 STREET ADDRESS: **5563 RATTLESNAKE HAMMOCK RD**  
 CITY-ST-ZIP: **NAPLES FL**

TITLE: **D**  Change  Addition  
 NAME: **Banco, Peter**  
 STREET ADDRESS: **5563 Rattlesnake Hammock Rd.**  
 CITY-ST-ZIP: **Naples, FL**

TITLE: **P/D**  Delete  
 NAME: **DEFRANCESCA, FRANK**  
 STREET ADDRESS: **5563 RATTLESNAKE HAMMOCK**  
 CITY-ST-ZIP: **NAPLES FL**

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 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 617, 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:

*Frank DeFrancesca*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**F. DEFRANCESCA**  
 941-417-9363  
 Date: April 18, 2001  
 Daytime Phone #

CR2E037 (10/00)