

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S09798

1. Entity Name

500 ISLAND TOWER ASSOCIATES, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90059 048 ***150.00

Principal Place of Business

Mailing Address

606 BALD EAGLE DR., SUITE 500
 P.O. BOX 1
 MARCO ISLAND FL 34146
 US

606 BALD EAGLE DR., SUITE 500
 P.O. BOX 1
 MARCO ISLAND FL 34146-0001
 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

65-0225580

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

7. Name and Address of New Registered Agent

WOODWARD, MARK J.
301 LAUREL OAK DR
STE 710
NAPLES FL 34108

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

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, 2000 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	DT	<input type="checkbox"/> Delete
NAME	WOODWARD, MARK J	
STREET ADDRESS	801 LAUREL OAK DR #710	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WOODWARD, CRAIG R	
STREET ADDRESS	606 BALD EAGLE DR. #500	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	PIRES, ANTHONY J	
STREET ADDRESS	801 LAUREL OAK DR #710	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] 1/31/00 (941) 394-5161
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRAG of WOODWARD Pres.

CR2E034 (9/99)