

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90094 012 ***150.00

DOCUMENT # K23076

1. Entity Name

NORTH AMERICAN PROPERTIES - SOUTHEAST, INC.

Principal Place of Business

**12995 S. CLEVELAND AVE., #214
 FT. MYERS FL 33907**

Mailing Address

**12995 S. CLEVELAND AVE., #214
 FT. MYERS FL 33907**

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 **31-1239448**

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

**HAFELE, DALE G.
 12995 S. CLEVELAND AVE., #214
 FT. MYERS FL 33907**

Name

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

City

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 reconstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, THOMAS L. 212 E. THIRD ST CINCINNATI OH	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, JOSEPH W JR. 212 E THIRD ST STE 300 CINCINNATI OH 45202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HAFELE, DALE G. 5442 HARBOUR CASTLE DR. FT. MYERS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SPREHN, SUSAN M 12995 S CLEVELAND AVE STE 214 FT MYERS FL 33907	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SHAWN R. MCINTYRE 12995, SO CLEVELAND AVE #214 FT, MYERS, FL 33907	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

4/25/01

Date

941-278-1121

Daytime Phone #

CR2E034 (10/00)