

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90038 020 \*\*\*150.00

**DOCUMENT # P97000093358**

1. Entity Name  
**NAN II, INC.**

Principal Place of Business <b>1204 N UNIVERSITY DR          PLANTATINO FL 33322          US</b>	Mailing Address <b>1204 N UNIVERSITY DR          PLANTATIN FL 33322-4724          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3476364</b>	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**NATKOW, NEIL A  
 1204 N UNIVERSITY DR  
 PLANTATION FL 33322**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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.

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>NATKOW, NEIL A</b> <b>1204 N UNIVERSITY Q</b> <b>PLANTATION FL 33322</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPT</b> <b>COLLINS, KEITH</b> <b>1204 N UNIVERSITY DR</b> <b>PALNTATION FL</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DPC</b> <b>(Title change only</b> <b>for Natkow, Neil A)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>BERMAN, NEIL</b> <b>1204 N UNIVERSITY DR</b> <b>PLANTATION FL</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DVPST</b> <b>(Title change only</b> <b>for Collins, Keith)</b> <b>Zip code - 33322</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BULTER, KATHY</b> <b>1204 N UNIVERSITY DR</b> <b>PLANTATION FL</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Add Zip code - 33322</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Butler, Kathy</b> <b>(Name spelling correction)</b> <b>Add Zip code - 33322</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ **3/7/00** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)