## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000036833 Mar 08, 2000 8:00 am **Secretary of State** THE PRINCE GROUP, INC. 03-08-2000 90042 025 \*\*\*150.00 Principal Place of Business Mailing Address 28733 MEGAN DRIVE 28733 MEGAN DRIVE **BONITA SPRINGS FL 34135** BONITA SPRINGS FL 34135-6887 2. Principal Place of Business 3. Mailing Address 3501 BONITA BAY BLVD 3501 BONITA BAY BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BONITA SPRINGS. 59-3579812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA NSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANNE PRINCE HALPERN HALPERN, RICHARD 28733 MEGAN DRIVE **BONITA SPRINGS FL 34135** 3501 BONITA BAY BLVD 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 PRESIDENI 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT DIRECTOR Change TITLE ☐ Delete HALPERN, ANNE PRINCE 28733 MEGAN DRIVE "HALPERN,"ANNE PRINCE NAME TO STATE 28733 MEGAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-7IP BONITA SPRINGS, FL 34135 Change ☐ Addition TIT! F ☐ Delete TITLE HALPERN, RICHARD ALAN NAME NAME 28733 MEGAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **BONITA SPRINGS FL 34135** VICE PRESIDENT ~ - Delete ☐ Change Addition TITLE TITI F SMIT ANDRES INEX NAME NAME 1287 GRAND CANAL DRIVE STREET ADDRESS STREET ADDRESS NAPLES, FL 34110 CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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

3/6/00

941)949-2130

Daytime Phone #