

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V22377**

1. Entity Name
PHOENIX ASSOCIATES OF SOUTH FLORIDA, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90159 030 ***150.00

Principal Place of Business 1786 TRADE CENTER WAY SUITE 2 NAPLES FL 34109 US	Mailing Address 1786 TRADE CENTER WAY SUITE 2 NAPLES FL 34109-1804 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0319840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent

KEVIN MCVICKER
1786 TRADE CENTER WAY
UNIT 2
NAPLES FL 34109

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  **KEVIN MCVICKER** **SIT** DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOSHER, STAN	
STREET ADDRESS	1786 TRADE CENTER WAY, #2	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOWELL, BRIAN	
STREET ADDRESS	1786 TRADE CENTER WAY, #2	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCVICKER, KEVIN	
STREET ADDRESS	1786 TRADE CENTER WAY, #2	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNS, RANDY	
STREET ADDRESS	1786 TRADE CENTER WAY, #2	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **SIT** Date: **28 FEB 00** Daytime Phone #: **941-596-9111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)