

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718120

1. Entity Name

NETTLES ISLAND, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90035 008 ****61.25

Principal Place of Business

Mailing Address

9801 SOUTH OCEAN DR.
 JENSEN BCH FL 34957

9801 SOUTH OCEAN DR.
 JENSEN BCH FL 34957-2399

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 **59-1407317**

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

CORNETT, JANE L
 401 E. OSCEOLA ST. RIVER OAK CENTER
 STUART FL 34994

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
 NAME **ISAACS, ROBERT E**
 STREET ADDRESS **9801 S OCEAN DR #1210-2**
 CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **Isaacs, Robert E.**
 STREET ADDRESS **9801 S Ocean Dr. #1210**
 CITY-ST-ZIP **Jensen Beach, FL 34957**

TITLE **T** ☐ Delete
 NAME **PEABODY, ESTHER**
 STREET ADDRESS **270 NETTLES BLVD.**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Peabody, Esther**
 STREET ADDRESS **270 Nettles Blvd.**
 CITY-ST-ZIP **Jensen Beach, FL 34957**

TITLE **T** ☐ Delete
 NAME **MATZ, HENRY G**
 STREET ADDRESS **228 NETTLES BLVD**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **Asst Treas** ☐ Change ☒ Addition
 NAME **Wilbur F. Barrett**
 STREET ADDRESS **169 Nettles Blvd.**
 CITY-ST-ZIP **Jensen Beach, FL 34957**

TITLE **P** ☐ Delete
 NAME **WILLIAM, DEITERS**
 STREET ADDRESS **750 NETTLES BLVD**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **D** ☐ Change ☒ Addition
 NAME **Hollis, Tyler**
 STREET ADDRESS **777 Nettles Blvd.**
 CITY-ST-ZIP **Jensen Beach, FL 34957**

TITLE **D** ☐ Delete
 NAME **BROWN, ZELLA**
 STREET ADDRESS **987 NETTLES BLVD.**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **Sec** ☒ Change ☐ Addition
 NAME **Brown, Zella**
 STREET ADDRESS **987 Nettles Blvd.**
 CITY-ST-ZIP **Jensen Beach, FL 34957**

TITLE **D** ☐ Delete
 NAME **SELBY, KENETH**
 STREET ADDRESS **641 NETTLES BLVD.**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **D** ☐ Change ☒ Addition
 NAME **Voigt, George**
 STREET ADDRESS **265 Nettles Blvd.**
 CITY-ST-ZIP **Jensen Beach, FL 34957**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)