

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 232693

1. Entity Name

FIDELITY FLORIDA REALTY CORP.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90076 014 \*\*\*150.00

Principal Place of Business

Mailing Address

27340 OLD 41 ROAD  
BONITA SPRINGS FL 34135  
US

27340 OLD 41 ROAD  
BONITA SPRINGS FL 34135-5409  
US

2. Principal Place of Business

27340 Old 41 Road

3. Mailing Address

27340 Old 41 Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL 34135

City & State

Bonita Springs, FL 34135

4. FEI Number

59-0944088

Applied For

Not Applicable

Zip

Country

34135

Zip

Country

34135

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

~~HENGEL, DAVID A.~~ James w. Harris  
27340 OLD 41 ROAD  
BONITA SPRINGS FL 34135

Name

James W. Harris

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

27340 Old 41 Road

City

Bonita Springs FL

FL

Zip Code

34135

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

*James W. Harris*

(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.  
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME HENGEL, DAVID A.  
STREET ADDRESS 27340 OLD 41 ROAD  
CITY-ST-ZIP BONITA SPRINGS FL

TITLE James W. Harris ☐ Change ☒ Addition  
NAME President  
STREET ADDRESS 27340 Old 41 Road  
CITY-ST-ZIP Bonita Springs, FL 34135

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

Date

941-992-3456

Daytime Phone #

CR2E034 (9/99)