

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 353529

1. Entity Name

WILLIAM R. NASH, INC.

Principal Place of Business

12981 N.W. 113TH COURT  
MIAMI FL 33178

Mailing Address

12981 N.W. 113TH COURT  
MIAMI FL 33178-3116

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1274711

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NASH, WILLIAM R.  
12981 N.W. 113TH COURT  
MIAMI FL 33178

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	VD	<input type="checkbox"/> Delete
NAME	NASH, WILLIAM R, JR	
STREET ADDRESS	6530 SW 9TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NASH, MICHAEL D	
STREET ADDRESS	7861 NW 55TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	NASH, RUSSELL P	
STREET ADDRESS	20341 NW 2 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NASH, BENJAMIN P	
STREET ADDRESS	10505 BERMUDA DR.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NASH, WILLIAM	
STREET ADDRESS	7440 TWIN SABAL DR	
CITY-ST-ZIP	MAIMI LAKES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	YOULDEN, JOHN W.	
STREET ADDRESS	15401 DOVER ST	
CITY-ST-ZIP	DAVIE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN P. NASH	
STREET ADDRESS	16283 SEGOVIA CIRCLE SOUTH	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33331	
TITLE	EXEC. VICE-PRES. / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM R. NASH JR.	
STREET ADDRESS	701 S.W. 173rd LANE	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33029	
TITLE	EXEC. VICE-PRES. / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL P. NASH	
STREET ADDRESS	13396 S.W. 41st STREET	
CITY-ST-ZIP	DAVIE, FL. 33330	
TITLE	VICE-PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL D. NASH	
STREET ADDRESS	1630 N.W. 16th AVENUE	
CITY-ST-ZIP	HOMESTEAD, FL. 33030	
TITLE	VICE-PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN W. YOULDEN	
STREET ADDRESS	15401 DOVER COURT	
CITY-ST-ZIP	DAVIE, FL. 33331	
TITLE	SECRETARY / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN R. NASH	
STREET ADDRESS	1971 S.W. 81st AVENUE	
CITY-ST-ZIP	DAVIE, FL. 33324	

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

Date

Daytime Phone #

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90075 001 \*\*\*300.00



DO NOT WRITE IN THIS SPACE