

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 523251

1. Entity Name

THE VANDERBILT COMPANY

Principal Place of Business

290 IBIS ST
FT MYERS BEACH FL 33931

Mailing Address

290 IBIS ST
FT MYERS BEACH FL 33931-4518

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 59-1718962

Applied For

Not Applicable

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

DONALD N CORCELLI
9060 GULF SHORE DR
NAPLES FL 34108

Name DONALD N. CORCELLI

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

290 IBIS ST

City FORT MYERS BEACH FL Zip Code 33931

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS
NAME MARY E CORCELLI
STREET ADDRESS 9060 GULF SHORE DR
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 290 IBIS ST
CITY-ST-ZIP FORT MYERS BEACH FL 33931

TITLE PD
NAME CORCELLI, DONALD N
STREET ADDRESS 9060 GULF SHORE DR
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 290 IBIS ST
CITY-ST-ZIP FORT MYERS BEACH FL 33931

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90057 047 ***150.00

00037504



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)