

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90035 043 \*\*\*150.00

DOCUMENT # 656492

1. Entity Name

NEALE PHYPERS OF FLORIDA, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

529 N Ferncreek Avenue

3. Mailing Address

529 N Ferncreek Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

34-1300504

Applied For

Not Applicable

Zip

32801

Country

USA

Zip

32801

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL SIMONELLI

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

529 N Ferncreek Avenue

City

Orlando

FL

Zip Code  
32801

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	MICHAEL ZUBER
STREET ADDRESS	6060 ROCKSIDE WOODS BLVD
CITY-ST-ZIP	INDEPENDENCE OH 44131
TITLE	D
NAME	DON P BROWN
STREET ADDRESS	10 CENTER STREET
CITY-ST-ZIP	CHAGRIN FALLS OH 44022
TITLE	SD
NAME	ROBERT D ZUBER
STREET ADDRESS	6060 ROCKSIDE WOODS BLVD
CITY-ST-ZIP	INDEPENDENCE OH 44131
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Zuber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-2004

Date

(216)524-9797

Daytime Phone #

CR2E034B (12/02)

*Attachment*

*54064908*

*#656492*

NEALE PHYPERS OF FLORIDA, INC.

529 North Ferncreek Avenue

Orlando, Florida 32802-2789

(407)895-2500

July 16, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: 2004 Uniform Business Report

To Whom It May Concern:

This is the second year that we did not receive a UBR Form. We were not aware of the omission until we received the "Notice of Intent to Dissolve" form. We are puzzled as to why this is occurring because we have been at the same address for the past nine years. Enclosed is our completed 2004 Form which I requested from your office on July 7<sup>th</sup>. In view of the ongoing problem, we respectfully request that we pay only the \$150.00 fee for which our check is enclosed.

Sincerely,

NEALE PHYPERS OF FLORIDA, INC.

*Michael Zuber*

Michael Zuber  
President

MZ:kk  
Enclosures