

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002718

1. Entity Name
NAYLOR REAL ESTATE (U.S.) INC.

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90002 044 ***150.00

Principal Place of Business

5931 NW 1ST PLACE
GAINESVILLE FL 32607
US

Mailing Address

5931 NW 1 ST PLACE
GAINESVILLE FL 32607
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 98-0156395

Applied For
Not Applicable

Zip

Country

Zip

Country

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

NAYLOR, BRENT G
9335 SW 46TH PLACE
GAINESVILLE FL 32608

5265 Isleworth County Club Drive
Windermere, FL 34786

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, 2001 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
NAME NAYLOR, BRENT G
STREET ADDRESS 9335 SW 46TH PLACE
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE CO
NAME Naylor, Brent G
STREET ADDRESS 5265 Isleworth County Club Dr
CITY-ST-ZIP Windermere, FL 34786 ☒ Change ☐ Addition

TITLE VD
NAME MOSS, MICHAEL
STREET ADDRESS 4611 SW 94 DR
CITY-ST-ZIP GAINESVILLE FL 32608 ☐ Delete

TITLE PD
NAME Moss, Michael
STREET ADDRESS 4611 SW 94 Dr.
CITY-ST-ZIP Gainesville, FL 32608 ☒ Change ☐ Addition

TITLE STO
NAME HARMS, GEORGE
STREET ADDRESS 5931NW 1ST PL
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 #

CR2E034 (10/00)