

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004668

1. Entity Name

STRADUM, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90063 007 ***150.00

Principal Place of Business

Mailing Address

4001 TAMiami TRAIL NORTH
SUITE 390
NAPLES FL 34103-3555
US

4001 TAMiami TRAIL NORTH
SUITE 390
NAPLES FL 34103-3555
US

B0036844



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-1216901**

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

KOESEL, CAROL J
4001 TAMiami TRAIL NORTH SUITE 390
NAPLES FL 34103

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 *X*

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PCD	STRANAHAN, DUANE JR	4001 TAMiami TRAIL NORTH SUITE 390	NAPLES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SDT	KOESEL, CAROL J	4001 TAMiami TRAIL NORTH SUITE 390	NAPLES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VC	STRANAHAN, MICHAEL	4001 TAMiami TRAIL NORTH SUITE 390	NAPLES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ACS	JOHN, JUDITH K	4001 TAMiami TRAIL N. #390	NAPLES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *James Stranahan Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 Mar '00 9416435235
Date Time Phone #