

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90063 018 ***150.00

DOCUMENT # F96000005034

1. Entity Name

NAYLOR PUBLICATIONS, INC.

Principal Place of Business

Mailing Address

5551 NW 1ST PLACE
GAINESVILLE FL 32607
US5931 NW 1ST PLACE
GAINESVILLE FL 32607-2063
US

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

98-6028984

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

Name

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

City

FL

Zip Code

NAYLOR, BRENT
9335 SW 46TH PLACE
GAINESVILLE FL 32608

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 State10. 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
	PD			
	NAYLOR, BRENT	9335 SW 46TH PLACE	GAINESVILLE FL 32608	
	VS			
	MOSS, MICHAEL	4611 SW 94TH DR	GAINESVILLE FL 32608	
	TSO			
	HARMS, GEORGE	5931 NW 1ST PLACE	GAINESVILLE FL 32607	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (9/99)

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 REQUIRED**
SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 28/00 2049750441