

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005648

1. Entity Name

THE COOPER FACTOR, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90084 007 \*\*\*150.00

Principal Place of Business

Mailing Address

14848 OLD US HWY 41  
STE 11  
NAPLES FL 34110  
US

14848 OLD US HWY 41  
STE 11  
NAPLES FL 34110  
US

2. Principal Place of Business

3. Mailing Address

2036 IMPERIAL CIRCLE

1580 WHITE OAK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 285

City & State  
NAPLES FL

City & State  
CHASKA MN

Zip  
34110

Country  
US

Zip  
55318

Country  
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1647468

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

COOPER, HARRIS  
26455 CLARKSTON DR  
BONITA SPGS FL 34135

Name  
COOPER, HARRIS

Street Address (P.O. Box Number is Not Acceptable)  
2036 IMPERIAL CIRCLE

City NAPLES FL Zip Code 34110

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 DCPT  
NAME COOPER, HARRIS  
STREET ADDRESS 26455 CLARKSTON DR  
CITY-ST-ZIP BONITA SPGS FL 34135 ☐ Delete

TITLE DCPT  
NAME COOPER, HARRIS  
STREET ADDRESS 2036 IMPERIAL CIRCLE  
CITY-ST-ZIP NAPLES FL 34110 ☒ Change ☐ Addition

TITLE DCVS  
NAME COOPER, PATRICE D  
STREET ADDRESS 445 DOCKSIDE DR  
CITY-ST-ZIP NAPLES FL 34110 ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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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

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

3/22/2000 612-556-5522  
Date Daytime Phone #