

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J13240

1. Entity Name

ANCLOTE ESTATES, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90108 026 ***150.00

Principal Place of Business

Mailing Address

145 PHELPS RD
RIDGEWOOD NJ 07450
US

145 PHELPS RD
RIDGEWOOD NJ 07450-1418
US

2. Principal Place of Business

4860 WEST GANDY BLVD.

3. Mailing Address

4860 WEST GANDY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL 33611

City & State

TAMPA, FL

Zip

33611

Country

USA

Zip

33611

Country

USA

4. FEI Number

59-2738005

Applied For

Not

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

NAULT, JAMES P
RDG INC.
4860 WEST GANDY BLVD
TAMPA FL 33611

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)

01/26/00

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

TITLE	P	☐ Delete
NAME	NISSLEY, ELEANORE S.	
STREET ADDRESS	145 PHELPS RD.	
CITY-ST-ZIP	RIDGEWOOD NJ 07450	
TITLE	VP	☐ Delete
NAME	NAULT, JAMES /RDG I	
STREET ADDRESS	4860 WEST GANDY BLVD	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VP	☐ Delete
NAME	NISSLEY, PETER B	
STREET ADDRESS	76 E RIDGEWOOD AVE	
CITY-ST-ZIP	RIDGEWOOD NJ 07450	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

01/26/00

Date

813/827-3333 X3

Daytime Phone #