

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J71866

1. Entity Name

NAPLES BUILDING COMPANY, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90027 011 \*\*\*150.00

Principal Place of Business

24637 IVORY CANE DR  
#102  
BONITA SPGS FL 34134  
US

Mailing Address

356 CYPRESS WAY W  
NAPLES FL 34110-1130  
US

2. Principal Place of Business

3. Mailing Address

28803 EUCLID AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WICKLIFFE, OHIO

Zip

Country

Zip

44092

Country

U.S.A.

4. FEI Number

59-2804779

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

PATE, AMY S  
356 CYPRESS WAY W  
NAPLES FL 34110

Name

RUSSELL F. BERZIN

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

28803 EUCLID AVE.

City

WICKLIFFE, OHIO

FL

Zip Code

44092

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

*Russell F. Berzin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVTD  
BERZIN, R F  
6087 WILLIAMSBURG DR  
HIGHLAND HEIGHTS OH

☐ Delete

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

TITLE  
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CITY-ST-ZIP  
S  
VOGES, J D  
3936 TAMiami TR N, STE B  
NAPLES FL 34103

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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:

*Russell F. Berzin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

Daytime Phone #

CR2E034 (9/99)