

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 03, 2000 08:00 AM**
Secretary of State**DOCUMENT # K02812****1. Entity Name**
FELBER REALTY, INC.**Principal Place of Business**

6495 TAYLOR RD.

NAPLES
33942

FL

Mailing Address

6495 TAYLOR RD.

NAPLES
33942

FL

2. Principal Place of Business

6495 TAYLOR RD.

3. Mailing Address

6495 TAYLOR RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES

FL

City & State

NAPLES

FL

4. FEI Number**65-0016473**

Applied For

Not Applicable

Zip

34109

Country**Zip**

34109

Country**5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**FELBER NANCY
6495 TAYLOR ROAD
SUITE 400
NAPLES
33942

FL

US

7. Name and Address of New Registered Agent**Name**

FELBER NANCY

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

6495 TAYLOR ROAD

City
NAPLES**FL****Zip Code**
34109**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 NANCY J. FELBER**

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

(NOTE: Registered Agent signature required when reinstating)

08/03/2000

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**
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
FELBER NANCY J
152 CARICA ROAD
NAPLES FL☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
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☐ 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:** Nancy J. Felber

dnt 08/03/2000