

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K70152

1. Entity Name

NICKLE & DIME PROPERTIES, INC.

FILED  
Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90031 027 \*\*\*150.00

713774



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O GOODMAN & BREEN  
3838 TAMiami TRAIL N STE 300  
NAPLES FL 34103-3590  
US

Mailing Address  
C/O GOODMAN & BREEN  
3838 TAMiami TRAIL N STE 300  
NAPLES FL 34103-3590  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0132942

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOODMAN, KENNETH D.  
3838 TAMiami TRAIL N  
SUITE 300  
NAPLES FL 34103-3590

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)

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, 2001 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 DVP  
NAME BROWER, MICHAEL  
STREET ADDRESS 5090 TAMARIN RIDGE DR  
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE DS  
NAME GOODMAN, KENNETH D.  
STREET ADDRESS 6622 NEW HAVEN CIRCLE  
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE DT  
NAME OSBORNE, LARRY D.  
STREET ADDRESS 5061 SYCAMORE DR  
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE DP  
NAME TALBOTT, PATRICK E.  
STREET ADDRESS 1611 LINDBERGH AVENUE  
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

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

TITLE DVP  
NAME MCDONALD, LARRY  
STREET ADDRESS 2821 66TH STREET S.W.  
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS 3791 4th Avenue NE  
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

2/5/01

941-263-4455

Date

Daytime Phone #

CR2E034 (10/00)