

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L21628

1. Entity Name

OLDE DUTCH BUILDERS, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90098 002 ***150.00

Principal Place of Business

2500 TAMAMI TRAIL NORTH
SUITE 112
NAPLES FL 34103
US

Mailing Address

2500 TAMAMI TRAIL NORTH
SUITE 112
NAPLES FL 34103-4470
US

2. Principal Place of Business

6425 ESTERO BLVD.
Suite, Apt. #, etc.

3. Mailing Address

6425 ESTERO BLVD.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS BEACH, FL.

City & State

FT. MYERS BEACH, FL.

4. FEI Number

65-0149926

Applied For

Not Applicable

Zip

33931

Country

LEE

Zip

33931

Country

LEE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, HARVEY B
2500 TAMAMI TRAIL NORTH
SUITE 112
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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

6425 ESTERO BLVD.

City

FT. MYERS BEACH

FL

Zip Code

33931

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOFFMAN, HARVEY B.	
STREET ADDRESS	216 EDMERE WAY S.	
CITY-ST-ZIP	NAPLES FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOFFMAN, SHARON B.	
STREET ADDRESS	216 EDMERE WAY S.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HANSON, KAREN J.	
STREET ADDRESS	178 EDMERE WAY SO.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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

Date

Daytime Phone #

1/15/00 (941) 265-1121

CR2E034 (9/99)