

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90032 038 \*\*\*\*61.25

00058613

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N27627**

1. Entity Name  
**CYPRESS TRACE SHOPPING CENTER PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**NORD MANAGEMENT, INC.**

3. Mailing Address

**NORD MANAGEMENT, INC.**

Suite, Apt. #, etc.

**1541 N. DALE MARY, #201**

Suite, Apt. #, etc.

**1541 N. DALE MARY, #201**

City & State

**LUTZ, FL.**

City & State

**LUTZ, FL.**

4. FEI Number

**37-6002057**

Applied For

Not Applicable

Zip

**33549**

Country

Zip

**33549**

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

**Robert A. Sandberg**  
**Merchants Management, Inc.**  
**3615 W. Waters Ave.**  
**Tampa, FL 33614**

Name

**JAY STAHL**

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

**NORD MANAGEMENT, INC.**

**1541 N. DALE MARY HIGHWAY, STE. 201**

City

**LUTZ,**

FL

Zip Code

**33549**

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

**FILE NOW:**

**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

**POYER, WILL**  
**458 8TH STREET NORTH**  
**NAPLES, FL 33940**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**CHIARIELLO, GUY**  
**1201 N. CLARK ST., STE. 300**  
**CHICAGO, IL 60610**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**SORET, MANI**  
**28195 S. TAMiami TRAIL**  
**BONITA SPRINGS, FL**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**ZARDETTO, GIACOMO**  
**15600 FIDDLESTICKS BLVD.**  
**FT. MEYERS, FL 33912**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**Guy Chiariello**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GUY CHIARIELLO**

**4/3/00 (312) 335-2600**  
 Date Daytime Phone #

CR2E037 (9/99)