

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31134

1. Entity Name

NCAYAR, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90002 021 ****70.00

Principal Place of Business

Mailing Address

C/O HELEN FONDREN LINGLE
5250 17TH ST. STE 107. PRESIDENTIAL SQ
SARASOTA FL 34235

C/O HELEN FONDREN LINGLE
5250 17TH ST. STE 107. PRESIDENTIAL SQ
SARASOTA FL 34235-8247

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0108629

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

LINGLE, HELEN FONDREN
5250 17TH STREET, SUITE 107
PRESIDENTIAL SQUARE
SARASOTA FL 34235

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

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 PD ☐ Delete
NAME LINGLE, HELEN FONDREN
STREET ADDRESS 5250 17TH ST., #107
CITY-ST-ZIP SARASOTA FL

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

TITLE D ☐ Delete
NAME CURTIN, TOM
STREET ADDRESS 5 LIGHTHOUSE ROAD
CITY-ST-ZIP HATTERAS NC

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

TITLE VD ☐ Delete
NAME FEENEY, JAMES
STREET ADDRESS 5700 N. TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

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

TITLE SD ☒ Delete
NAME HOPKINS, WENDY
STREET ADDRESS 49098 HIDDEN OAK TRAIL
CITY-ST-ZIP SARASOTA FL

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

TITLE T ☐ Delete
NAME TELLOR, LAURA
STREET ADDRESS 5701 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34233

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

TITLE ☐ Delete
NAME *SCULL, JUDI*
STREET ADDRESS *730 N. WASHINGTON BLVD.*
CITY-ST-ZIP *SARASOTA, FL 34236*

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: *HELEN FONDREN LINGLE* 3/28/00 800-245-7133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)