

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003513

1. Entity Name

NICHOLS FOUNDATION, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90035 014 ****61.25

Principal Place of Business

720 GOODLETTE RD. NORTH. STE. 302
NAPLES FL 34102

Mailing Address

720 GOODLETTE RD. NORTH. STE. 302
NAPLES FL 34102-5656

2. Principal Place of Business

801 ANCHOR RODE DRIVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

34103

Country

USA

Zip

Country

4. FEI Number

59-3462247

Applied For

Not Applicable

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

NICHOLS, JERRY F
720 GOODLETTE RD. NORTH, STE. 302
NAPLES FL 34102

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 NICHOLS, JERRY F
STREET ADDRESS 720 GOODLETTE ROAD, N, STE 302
CITY-ST-ZIP NAPLES FL 34102

TITLE ☒ Change ☐ Addition
NAME 801 ANCHOR RODE DRIVE #302
STREET ADDRESS NAPLES, FL 34103
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NICHOLS, ARLENE N
STREET ADDRESS 6915 OAKMONT PARKWAY
CITY-ST-ZIP NAPLES FL 34108

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

TITLE D ☐ Delete
NAME BROWN, DENNIS C
STREET ADDRESS 4501 TAMiami TRAIL, N, STE 200
CITY-ST-ZIP NAPLES FL 34103

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

TITLE ☐ Delete
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/00 941-261-3000

CR2E037 (9/99)