

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005449

1. Entity Name

THE RECURSIONIST FUND, INC.

2

FILED

Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90090 023 ****61.25

Principal Place of Business

5150 TAMiami TRAIL N., SUITE 502
NAPLES FL 34103-1

Mailing Address

5150 TAMiami TRAIL N., SUITE 502
NAPLES FL 34103-1

2. Principal Place of Business

3. Mailing Address

P.O. BOX 7637

Suite, Apt. #, etc.

4718 VILLA MARE LN

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34103-3429

Country

USA

Zip

34101-7637

Country

USA

6. Name and Address of Current Registered Agent

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

4. FEI Number

59-3535995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME HARRIS, SCOTT M
STREET ADDRESS 4718 VILLA MARE
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE D
NAME BROPHY, DANIEL F
STREET ADDRESS 1616 N. HUDSON #10
CITY-ST-ZIP CHICAGO IL 60614 ☐ Delete

TITLE D
NAME FOX, JAMES R
STREET ADDRESS 4707 VILLA MARE
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Scott Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/2000 941-430-0572
Date Daytime Phone #

CR2E037 (5/00)