

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90658 014 \*\*\*150.00

**DOCUMENT # P01000076579**

1. Entity Name

**PANZERA PROPERTIES, INC.**

Principal Place of Business

**C/O MYERS KRAUSE & STEVENS, CHARTERED**  
**5811 PELICAN BAY BLVD. SUITE 600**  
**NAPLES FL 34108**

Mailing Address

**C/O MYERS KRAUSE & STEVENS, CHARTERED**  
**5811 PELICAN BAY BLVD. SUITE 600**  
**NAPLES FL 34108**

2. Principal Place of Business

**100 Glenview**

3. Mailing Address

**5811 Pelican Bay Blvd.**

Suite, Apt. #, etc.

**Unit 702**

Suite, Apt. #, etc.

**Ste 600**

City & State

**Naples, Florida**

City & State

**Naples, Florida**

4. FEI Number

**65-1126375**

Applied For

☐ Not Applicable

Zip

**34103**

Country

Zip

**34108**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NEUHARTH, GAIL K**

**C/O MYERS KRAUSE & STEVENS, CHARTERED**

**5811 PELICAN BAY BLVD, SUITE 600**

**NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

**HOWLER WHITE MYERS KRAUSE**

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

**5811 Pelican Bay Blvd.**

**Ste 600**

City

**Naples**

**FL**

Zip Code  
**34108**

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.

**HOWLER WHITE MYERS KRAUSE**

**Its: Managing Shareholder**

SIGNATURE

By: *Andrew J. Krause*

**/Andrew J. Krause**

**4-23-02**

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, 2002 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	<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	
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 checked="" type="checkbox"/> Addition
NAME	<b>P/S/D/C/</b>
STREET ADDRESS	<b>Margaret M. Hare</b>
CITY-ST-ZIP	<b>21 St. James Street N</b> <b>Garden City, NY 11530</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V/T/D</b>
STREET ADDRESS	<b>Paul A. Hare</b>
CITY-ST-ZIP	<b>21 St. James Street N</b> <b>Garden City, NY 11530</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D</b>
STREET ADDRESS	<b>Concetta M. Panzera</b>
CITY-ST-ZIP	<b>100 Glenview Unit 702</b> <b>Naples, FL 34103</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D</b>
STREET ADDRESS	<b>Paul Anthony Hare</b>
CITY-ST-ZIP	<b>85 Livingston Street</b> <b>Brooklyn, NY 11201</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D</b>
STREET ADDRESS	<b>Robert Hare</b>
CITY-ST-ZIP	<b>21 St. James Street N</b> <b>Garden City, NY 11530</b>
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)(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 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: *Margaret M. Hare*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Margaret M. Hare, President**

**4-22-02**

Date

**239-598-1221**

Daytime Phone #

CR2E034 (9/01)