

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04230

1. Entity Name

UNITED LELY INVESTMENTS, INC.

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

04-07-2000 90065 045 ***158.75

Principal Place of Business

8825 TAMiami TRAIL E.
NAPLES FL 33962

Mailing Address

8825 TAMiami TRAIL E.
NAPLES FL 34113-3347

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0586500

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SENKEVICH, WILLIAM J.
8825 TAMiami TR. E.
NAPLES FL 33962

7. Name and Address of New Registered Agent

Name

LUIT DE LANGE

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

8825 E TAMiami TRAIL

City

NAPLES

FL

Zip Code
34113

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)

4/4/00

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, 2000 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 P ☐ Delete
NAME BOFF, JOSEPH
STREET ADDRESS 8825 TAMiami TRAIL E.
CITY-ST-ZIP NAPLES FL 34113

TITLE STD ☐ Delete
NAME BOOM, JORIS
STREET ADDRESS BUTZENWEG 20 CH-6300
CITY-ST-ZIP SWITZERLAND

TITLE D- ☒ Delete
NAME VAN DER LELY, OLAF
STREET ADDRESS BUTZENWEG 20 CH-6300
CITY-ST-ZIP SWITZERLAND

TITLE D ☒ Delete
NAME VEGA, JR., GEORGE
STREET ADDRESS 2660 AIRPORT ROAD
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME BOFF, JOSEPH
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

Date

941-774-5333

Daytime Phone #

CR2E034 (9/99)