

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001140

1. Entity Name

T.I. MCGREEVY, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90121 016 ***150.00

Principal Place of Business

5891 VIA LUGANO
NAPLES FL 33963

Mailing Address

5891 VIA LUGANO
NAPLES FL 34108-5519

2. Principal Place of Business

7225 PELICAN BAY BLVD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

AS

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34108

Country

USA

Zip

34108

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0378182

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

GOODMAN, KENNETH D

3033 RIVIERA DRIVE

SUITE 108

NAPLES FL 33940

3838 TAMiami TRAIL N

SUITE 300

NAPLES, FL 34103

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MCGREEVY, THOMAS I SR
STREET ADDRESS 5891 VIA LUGANO
CITY-ST-ZIP NAPLES FL 33963

☐ Delete

TITLE D
NAME MCGREEVY, MARY JANE
STREET ADDRESS 5891 VIA LUGANO
CITY-ST-ZIP NAPLES FL 33963

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ADDRESS
NAME 7225 PELICAN BAY BLVD - 105
STREET ADDRESS NAPLES, FL 34108
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ADDRESS
NAME 7225 PELICAN BAY BLVD - 105
STREET ADDRESS NAPLES FL 34108
CITY-ST-ZIP

☒ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Thomas I. McGreevy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/31/99 941 597 5412