

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001269

1. Entity Name

INTEGRA FINANCIAL GROUP, INC.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90011 045 \*\*\*150.00

Principal Place of Business

Mailing Address

8925 PRESIDENTIAL CT SW  
STE 10  
FT MYERS FL 33919  
US

P.O. BOX 61318  
FT MYERS FL 33906-1318  
US

00017106

2. Principal Place of Business

3. Mailing Address

14901 PARK LAKE DRIVE

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# PH6

City & State

City & State

FORT MYERS FL

Zip

Country

Zip

Country

33919

US

4. FEI Number 65-0379945

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

CHRISTOPHER, JOSEPHINE A  
14901 PARK LAKE DRIVE APT PH6  
FT MYERS FL 33919

Name

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

APT # PH6

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)

Josephine A. Christopher

DATE

2-1-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME CHRISTOPHER, JOSEPHINE A  
STREET ADDRESS 14901 PARK LAKE DRIVE #PH1  
CITY-ST-ZIP FT MYERS FL 33919 ☐ Delete

TITLE  
NAME  
STREET ADDRESS address correction  
CITY-ST-ZIP Should be # PH6 ☒ Change ☐ Addition

TITLE ST  
NAME CHRISTOPHER, JOSEPHINE  
STREET ADDRESS 14901 PARK LANE DRIVE #PH1  
CITY-ST-ZIP FT MYERS FL 33919 ☐ Delete

TITLE  
NAME  
STREET ADDRESS address correction  
CITY-ST-ZIP Should be # PH6 ☒ Change ☐ Addition

TITLE VP  
NAME SIDNEY M TWEADY  
STREET ADDRESS 11815 PINTAIL CT  
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Secretary-Treasurer

(941) 481-780