

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90019 036 ***150.00

DOCUMENT # P93000003784

1. Entity Name

KRISTY K. CLEARY, INC.

Principal Place of Business

Mailing Address

P.O. Box 329
St. James City
Fla. 33956

KRISTY CLEARY
11488 OAKLAND DR
BOKEELIA FL 33922-3434
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

180 Pebble Shores Drive

3. Mailing Address

180 Pebble Shores Drive

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

Naples, Florida 34110

City & State

Naples, Florida 34110

4. FEI Number

65-0392337

Applied For

Not Applicable

Zip

34110

Country

Zip

34110

Country

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

**CLEARY, KRISTY K
11488 OAKLAND DR
BOKEELIA FL 33922**

Name

Michael G. Moore

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

2171 Pine Ridge Road, Ste. D

City

Naples

FL

34109

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) ☐

**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** ☐ Delete
NAME **CLEARY, KRISTY K**
STREET ADDRESS **11488 OAKLAND DR**
CITY-ST-ZIP **BOKEELIA FL 33922**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **P, D**
STREET ADDRESS **Nancy Rossi**
CITY-ST-ZIP **180 Pebble Shores Drive, Ste. 101
Naples, Florida 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP, D**
STREET ADDRESS **Richard Knox**
CITY-ST-ZIP **P.O. Box 711
St. James City, Florida 33956**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15661 710 1 10