2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P93000042729** May 09, 2000 8:00 am Secretary of State 1. Entity Name NORDIC OF FLORIDA DEVELOPMENT, INC. 05-09-2000 90086 014 ***150.00 Principal Place of Business Mailing Address 4520 4TH AVE. EAST 4520 4TH AVE. EAST **BRADENTON FL 34208 BRADENTON FL 34208-5440** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0413516 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ______ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAMLIN, CURTIS D Street Address (P.O. Box Number is Not Acceptable) 1205 MANATEE AVENUE WEST **BRADENTON FL 34205** Zin Code FI 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Addition KEATING, KENNETH D NAME NAME 4520 4TH AVE. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRANDENTON FL 34208** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WORTHINGTON, NORMAN A NAME NAME STREET ADDRESS 4074 ROBERTS POINT RD. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE KEATING, BRENDA J NAME NAME 4520 4TH AVE. EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** Delete ☐ Change ☐ Addition TITLE TITLE HAMM, NR NAME NAME STREET ADDRESS PO BOX 17 NA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PERRY KS Delete TITI F Change Addition HERMANN, MERITA H NAME NAME STREET ADDRESS 4220 WINBLETON DR STREET ADDRESS CITY-ST-ZIP LAWRENCE KS CITY-ST-ZIP ■ Delete Change ☐ Addition TITLE TITI F HERMANN, WILLIS NAME NAME STREET ADDRESS 4220 WINBLETON DR STREET ADDRESS LAWRENCE KS 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 ORDINECTOR

BEADA KOATING TREAS.

4/17/00

941-748-1622

Daytime Phone #