

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000062877**

1. Entity Name

**NORTHGATE SQUARE, INC.****FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90087 030 \*\*\*150.00

Principal Place of Business

Mailing Address

**% NORTH AMERICAN PROPERTIES OF S. FLORIDA**  
**12995 S. CLEVELAND AVE., SUITE 214**  
**FORT MYERS FL 33907****% NORTH AMERICAN PROPERTIES OF S. FLORIDA**  
**12995 S. CLEVELAND AVE., SUITE 214**  
**FORT MYERS FL 33907-3807**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0440173**

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

**HAFELE, DALE G****% NORTH AMERICAN PROPERTIES OF S. FLORIDA**  
**12995 S. CLEVELAND AVE., SUITE 214**  
**FORT MYERS FL 33907**

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) ☐**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**WILLIAMS, THOMAS L** ☐ Delete  
**212 E. 3RD ST., SUITE 300**  
**CINCINNATI OH**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**WILLIAMS, JOSEPH W JR.** ☐ Delete  
**212 E. 3RD ST., SUITE 300**  
**CINCINNATI OH 45202**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD**  
**GROTE, RICHARD W** ☐ Delete  
**5240 LESTER RD., #200**  
**CINCINNATI OH**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD**  
**HAFELE, DALE G** ☐ Delete  
**12995 SO CLEVELAND AVE, STE 214**  
**FT MYERS FL**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**O**  
**SPREHN, SUSAN M** ☐ Delete  
**12995 S CLEVELAND AVE STE 214**  
**FT MYERS FL 33907**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

941-278-1121

Daytime Phone #

CR2E034 (9/99)