

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000072309

1. Entity Name

WILLIAM FRUECHT, INC.

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90088 039 \*\*\*150.00

Principal Place of Business

5371 TAMUIND RIDGE DR.  
NAPLES FL 34119  
US

Mailing Address

5371 TAMUIND RIDGE DR.  
NAPLES FL 34119  
US

764050



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5371 Tamarind Ridge Dr. → Tamarind

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number 65-0442388

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

CRONIN, DENNIS P EQ.  
1167 THIRD STREET SOUTH  
NAPLES FL 33940

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, 2001 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 FRUECHT, WILLIAM  
STREET ADDRESS 4265 19TH AVE S.W.  
CITY-ST-ZIP NAPLES FL

TITLE ☒ Change ☐ Addition  
NAME 5371 Tamarind Ridge Dr.  
STREET ADDRESS Naples FL 34119  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FRUECHT, KATHY D  
STREET ADDRESS 4265 19TH AVE S.W.  
CITY-ST-ZIP NAPLES FL

TITLE ☒ Change ☐ Addition  
NAME 5371 Tamarind Ridge Dr.  
STREET ADDRESS Naples FL 34119  
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

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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:

Kathy Fruecht V.P.

4/30/01 941-594-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)