

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004272

1. Entity Name

SIGNATURE MANAGEMENT, INC.

FILED

00 JAN 14 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5551 RIDGEWOOD DR.  
SUITE 203  
NAPLES FL 34108

5551 RIDGEWOOD DR.  
SUITE 203  
NAPLES FL 34108-2718

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0460070

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATHAN, G H  
5551 RIDGEWOOD DRIVE  
STE #501  
NAPLES FL 34108

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: PDT  
NAME: SHARPE, KEITH A  
STREET ADDRESS: 5551 RIDGEWOOD DR STE 203  
CITY-ST-ZIP: NAPLES FL 34108  Delete

TITLE:  Change  Addition  
NAME: **500003101215--1**  
STREET ADDRESS: **-01/18/00--01099--002**  
CITY-ST-ZIP: **\*\*\*\*853.00 \*\*\*\*158.75**

TITLE: VD  
NAME: CORACE, RICHARD F  
STREET ADDRESS: 5551 RIDGEWOOD DR., SUITE 203  
CITY-ST-ZIP: NAPLES FL 34108  Delete

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

TITLE: DSVP  
NAME: GRIFFIN, GERALD F II  
STREET ADDRESS: 5551 RIDGEWOOD DR., SUITE 203  
CITY-ST-ZIP: NAPLES FL 34108  Delete

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

TITLE:  Delete  
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TITLE:  Delete  
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TITLE:  Delete  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition  
NAME: **178**  
STREET ADDRESS:  Change  Addition  
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]*

1-12-00

941-566-2806