

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008464

1. Entity Name

NAI INVESTORS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 5: 32

Principal Place of Business

Mailing Address

4531 ROSEMER
TAMPA FL 33609
US

4531 ROSEMER
TAMPA FL 33609-4209
US

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 59-3224674

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

KADOW, JOSEPH J.
550 NORTH REO STREET, SUITE 200
TAMPA FL 33609

Name

Joseph J. Kadow

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

2202 North West Shore Boulevard

5th Floor

City

Tampa,

FL

Zip Code 33607

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

4/6/00

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 PD ☐ Delete
NAME SULLIVAN, CHRIS T
STREET ADDRESS 550 NORTH REO ST., SUITE 204
CITY-ST-ZIP TAMPA FL 33609

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 2202 N. West Shore Blvd., 5th Floor
CITY-ST-ZIP Tampa, Florida 33607

TITLE VSTD ☐ Delete
NAME KADOW, JOSEPH J.
STREET ADDRESS 550 NORTH REO STREET, SUITE 200
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 2202 N. West Shore Blvd., 5th Floor
CITY-ST-ZIP Tampa, Florida 33607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 100003216811-3
STREET ADDRESS -04/20/00-01078-004
CITY-ST-ZIP *****441.25 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 37K
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 4/13
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/29/00

813 872 1205

CR2E034 (9/99)

0405288