

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087068

1. Entity Name

CROSS COUNTRY PIPE & RAIL, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90062 007 ***158.75

Principal Place of Business

5650 YAHL STREET
SUITE 1
NAPLES FL 34109
US

Mailing Address

5650 YAHL STREET
SUITE 1
NAPLES FL 34109-1932
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

65-0536902

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

KELLY, MARGARET M.
1990 SEWARD AVE, SUITE 200
6TH FLOOR
NAPLES FL 34109

Name

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

5650 YAHL STREET

SUITE 1

City

Naples

FL

Zip Code

34109

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
KELLY, MARGARET M.
1990 SEWARD AVE, SUITE 200
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5650 YAHL St., Ste. 1

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DOBALO, HENRY J.
1990 SEWARD AVE, SUITE 200
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5650 YAHL St., Ste. 1

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BAILIE, KATHLEEN M.
1990 SEWARD AVE, SUITE 200
NAPLES FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
STD
Virginia M Bonness
5650 Yahl St., Ste 1
Naples, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LYON, MICHAEL M
7001 APPLEBY DR
NAPLES FL 34104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5650 Yahl St., Ste 1

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00 941 594-5000
Date Daytime Phone #

CR2E034 (9/99)