

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054827

1. Entity Name

FLORIDA CHARTERING CORPORATION

Principal Place of Business

11203 MIST MOOR CT.
RIVERVIEW FL 33569

Mailing Address

11203 MIST MOOR CT.
RIVERVIEW FL 33569-6314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NYHUIS, PETER F
11203 MIST MOOR CT
RIVERVIEW FL 33569

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

PETER F. NYHUIS PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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 PSD
NAME NYHUIS, PETER F
STREET ADDRESS 9602 SUNNY OAK DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569
Delete ☐

TITLE PSD
NAME PETER F. NYHUIS
STREET ADDRESS 11203 MIST MOOR CT.
CITY-ST-ZIP RIVERVIEW, FL. 33569
Change ☒ Addition ☐

TITLE VT
NAME NYHUIS, ELIZABETH J
STREET ADDRESS 9602 SUNNY OAK DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569
Delete ☐

TITLE VT
NAME ELIZABETH J. NYHUIS
STREET ADDRESS 11203 MIST MOOR CT
CITY-ST-ZIP RIVERVIEW, FL. 33569
Change ☒ Addition ☐

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 ☐

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:

Elizabeth J. Nyhuis Vice President 4/28/00 813-671-4230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)