

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # P95000081349

1. Entity Name

INVESTORS TRUST, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

03-22-2000 90188 019 ***158.75

Principal Place of Business

3591 FOWLER STREET
FT. MYERS FL 33914

Mailing Address

P.O. BOX 6966
FT. MYERS FL 33911-6966

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 33901

Country

Zip

Country

4. FEI Number 65-0666835

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, THOMAS R SR
P.O. BOX 6966
FT. MYERS FL 33991

Name

Street Address (P.O. Box Number is Not Acceptable)
3591 FOWLER ST

City FT MYERS

FL

Zip Code 33901

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
ST
CRONIN, THOMAS R SR.
POST OFFICE BOX 6966 N/A
FT. MYERS FL 33911 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FOX, ALLAN R SR.
POST OFFICE BOX 6966 N/A
FT. MYERS FL 33911 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FOX, ALLAN E
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CRONIN, THOMAS R JR.
POST OFFICE BOX 6966 N/A
FT. MYERS FL 33911 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LABODA, GERALD DR.
5285 SUMMERLIN ROAD, #101
FT. MYERS FL 33907-7699 ☐ 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: Thomas R Cronin THOMAS R CRONIN, SR 3/15/00 941-936-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)