

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000085487**

1. Entity Name

AVARD ENTERPRISES, INC.**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90047 014 ***158.75

Principal Place of Business

2835 DAVIS BLVD
NAPLES FL 34104
US

Mailing Address

1635 PINE RIDGE RD.
NAPLES FL 34109-2129
US

2. Principal Place of Business

1635 Pine Ridge Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL 34109

City & State

4. FEI Number

65-0625924

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**JAEGER, RICHARD L
1635 PINE RIDGE RD
NAPLES FL 34109**7. Name and Address of New Registered Agent**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS**TITLE PS
NAME JAEGER, RICHARD L
STREET ADDRESS 9070 THE LANE
CITY-ST-ZIP NAPLES FL 34109 ☐ DeleteTITLE T
NAME JAEGER, ANNE M
STREET ADDRESS 9070 THE LANE
CITY-ST-ZIP NAPLES FL 34109 ☐ DeleteTITLE VP
NAME BURNS, DAVID R
STREET ADDRESS 1278 GRAND CANAL DR.
CITY-ST-ZIP NAPLES FL 34110 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AddTITLE
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CITY-ST-ZIP ☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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

Anne M. Jaeger, Treasurer 1/4/2000

Date

(941) 597-6494