

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002770

1. Entity Name
BARDNEY, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90040 022 ***150.00

Principal Place of Business

Mailing Address

~~3838 TAMiami TR N~~
~~STE 300~~
~~NAPLES FL 34103~~
~~US~~

~~3838 TAMiami TR N~~
~~STE 300~~
~~NAPLES FL 34103~~
~~US~~

00037723



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

821 Fifth Avenue South

821 Fifth Avenue South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

Suite 201

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34102

US

34102

US

4. FEI Number 65-0645394

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

~~GOODMAN, KENNETH D~~
~~3838 TAMiami TR N~~
~~STE 300~~
~~NAPLES FL 34103~~

Name **Jeff M. Novatt**

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

821 Fifth Avenue South

Suite 201

City

Naples

FL

Zip Code

34102

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)

4/6/01
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, 2001 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 **DP** ☐ Delete
NAME **GINIC, NICOLE**
STREET ADDRESS **3838 TAMiami TR N. STE 300**
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **S** ☐ Delete
NAME **MICHALUP, VANESSA**
STREET ADDRESS **3838 TAMiami TR N. STE 300**
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **T** ☐ Delete
NAME **MICHALUP, GABRIEL**
STREET ADDRESS **3838 TAMiami TR N. STE 300**
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **AS** ☒ Delete
NAME **GOODWIN, KENNETH D**
STREET ADDRESS **3838 TAMiami TR N. STE 300**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **AS** ☐ Change ☒ Addition
NAME **Jeff M. Novatt**
STREET ADDRESS **821 Fifth Avenue South, Suite 201**
CITY-ST-ZIP **Naples, FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

4/6/01
Date

(941) 394-1871
Daytime Phone #

CR2E034 (10/00)