

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029813

1. Entity Name

OLD FLORIDA PUB, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90010 016 \*\*\*150.00

Principal Place of Business

Mailing Address

1177 3RD ST. S. STE. 201  
NAPLES FL 34102  
US

300 5TH AVE S  
225  
NAPLES FL 34102-6516

2. Principal Place of Business

3. Mailing Address

2080 Tamiami Tr N  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples FL

Zip  
34102

Country

US

Zip

Country

US

4. FEI Number

65-0671924

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

FLOCK, DONALD E  
1177 3RD ST. S. STE. 201  
NAPLES FL 34102

Name Timothy J. Flock  
Street Address (P.O. Box Number is Not Acceptable)  
2777 Lakeview Dr  
City Naples FL Zip Code 34112

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	<u>PVPS</u>	<input type="checkbox"/> Delete
NAME	FLOCK, DONALD E	
STREET ADDRESS	<del>374 14TH AVE S</del> <u>545 Central Ave</u>	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	<u>VPS P</u>	<input type="checkbox"/> Delete
NAME	FLOCK, TIMOTHY	
STREET ADDRESS	2777 LAKEVIEW DR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	<u>T</u>	<input type="checkbox"/> Delete
NAME	BRIGGS, STEPHEN F II	
STREET ADDRESS	<del>107 BROAD AVE S</del>	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

1/31/00 941 263 3146

CR2E034 (9/99)