

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067025

1. Entity Name

RAK ASSOCIATES OF SOUTHWEST FLORIDA, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 PM 2:41

Principal Place of Business

4339 9TH ST. NORTH  
C/O THE BAGLE PLACE  
NAPLES FL 34103  
US

Mailing Address

4339 9TH ST. NORTH  
C/O THE BAGLE PLACE  
NAPLES FL 34103  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0689312

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

7. Name and Address of New Registered Agent

~~GEBHARDT, ROBERT E. ESQ~~  
~~5801 PELICAN BLVD~~  
~~SUITE 300~~  
~~NAPLES FL 34108~~

Name:

REYNOLDS & ASSOCIATES NANCY REYNOLDS

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

4501 N. TAMiami TRAIL SUITE 212

City

NAPLES

FL

Zip Code

34103

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 NANCY REYNOLDS

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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 ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPSV  
KLEIN, STACEY  
4339 9TH ST. NORTH  
NAPLES FL 34103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800003480400-716  
-11/30/00--01015--014  
\*\*\*750.00 \*\*\*750.00

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
KLEIN, STACEY  
4339 9TH ST. NORTH  
NAPLES FL 34103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
R/11/20

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RON KLEIN, PRES  
4339 TAMiami TRAIL  
NAPLES FL 34103

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ARLENE KLEIN V PRES  
4339 TAMiami TRAIL  
NAPLES, FL 34103

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REYNOLDS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

941 649-0055  
Daytime Phone #

CR2E034 (5/00)