2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000029889** NORTHGLEN 10239, INC.

Principal Place of Business

Mailing Address

-- HATTERAS AVE TERMONT FL 34711

SIGNATURE

10239 NORTHGLEN DRIVE CLERMONT FL 34711-7822

Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED Jun 08, 2000 8:00 am Secretary of State

06-08-2000 90025 027 ***150.00



4. FEI Number 59-34	64468			Applied For -	
	UTTUU	*	ŢŢ	Not Applicable	
5. Certificate of Status De	sired 🔲		\$8.75 Additional Fee Required		
7. Name and Address of	New Registe	red Age	nt		
		·			
O. Box Number is Not Acc	eptable)				
				<u> </u>	

DATE

10239 NORTHGLEN DRIVE **CLERMONT FL 34711**

PETERSON, BRADLEY C

Street Address (F City 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

Name

(NOTE, Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PVTS** ☐ Change Addition TITLE Delete TITLE PETERSON, RICHARD A NAME NAME Bradley C. Peterson 10239 NORTHGLEN DRIVE STREET ADDRESS STREET ADDRESS Northylen Dr. CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 Change ☐ Addition TITLE X Delete TITLE PETERSON, RICHARD A Richard A. Peterson NAME NAME 10234 Northylen Dr 10239 NORTHGLEN DR STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP = Chimont-F1-34711 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

CR2E034 (9/99)