

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041355

1. Entity Name
FRUECHT, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90302 021 ***150.00

Principal Place of Business

Mailing Address

C/O WILLIAM G. FRUECHT
4265 19TH AVE. S.W.
NAPLES FL 34166

C/O WILLIAM G. FRUECHT
4265 19TH AVE. S.W.
NAPLES FL 34119-2835

2. Principal Place of Business

3. Mailing Address

5371 TAMANUO RIDGE DR 5371 TAMANUO RIDGE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number 59-3455384

Applied For
Not Applicable

Zip 34119 Country USA

Zip 34119 Country USA

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

PARRISH & MOORE, P.A.
2171 PINE RIDGE RD., STE. D
NAPLES FL 34109

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 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 D
NAME FRUECHT, WILLIAM G
STREET ADDRESS 4265 19TH AVE. S.W.
CITY-ST-ZIP NAPLES FL 34166 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5371 TAMANUO RIDGE DR
CITY-ST-ZIP NAPLES, FL 34119

TITLE D
NAME FRUECHT, KATHY D
STREET ADDRESS 4265 19TH AVE. S.W.
CITY-ST-ZIP NAPLES FL 34166 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5371 TAMANUO RIDGE DR
CITY-ST-ZIP NAPLES, FL 34119

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

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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

Date

Daytime Phone #

CR2E034 (9/99)