

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90228 025 ***150.00

659976

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000041355

1. Entity Name

Fruecht, Inc.

Principal Place of Business

Mailing Address

William G. Fruecht

40 William G. Fruecht

5371 Tamarind Ridge Dr.

5371 Tamarind Ridge Dr.

Naples, Florida 34119

Naples, Florida 34119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3455384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees 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, Florida 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!!
After MAY 1, 2001
Make Check Payable

FEES: \$150.00
Fee will be \$550.00
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	Fruecht, William G	<input type="checkbox"/> Delete
NAME	5371 Tamarind Ridge Dr.	
STREET ADDRESS	Naples, Florida 34119	
CITY-ST-ZIP		
TITLE	Fruecht, Kathy D	<input type="checkbox"/> Delete
NAME	5371 Tamarind Ridge Dr.	
STREET ADDRESS	Naples Florida 34119	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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: Kathy Fruecht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-594-1100

Date Daytime Phone #

CR2E034 (11/00)