

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043399

1. Entity Name

VERA OF KY INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90108 033 ***150.00

Principal Place of Business

Mailing Address

14765 OSPREY POINT DRIVE
FORT MYERS FL 33908

14765 OSPREY POINT DRIVE
FORT MYERS FL 33908

new address

2. Principal Place of Business

3. Mailing Address

3451 Thornbury Lane
Suite, Apt. #, etc.

3451 Thornbury Lane
Suite, Apt. #, etc.

Bonita Springs FL
City & State

Bonita Springs FL
City & State

34134
Zip

34134
Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number

61-0917674

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

HARLAN, GARY
14765 OSPREY POINT DRIVE
FORT MYERS FL 33908

Name *GARY HARLAN*

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

3451 Thornbury Lane
Bonita Springs

City

FL

Zip Code

34134

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 *GARY HARLAN*

Gary Harlan

2/26/01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	HARLAN, VERA	
STREET ADDRESS	14765 OSPREY POINT DRIVE	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARLAN, GARY	
STREET ADDRESS	14765 OSPREY POINT DRIVE	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JENNINGS, JASON	
STREET ADDRESS	3024 ELK TRACE	
CITY-ST-ZIP	MADISONVILLE KY 42431	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>3451 Thornbury Lane</i>	
CITY-ST-ZIP	<i>Bonita Springs FL 34134</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>3451 Thornbury Lane</i>	
CITY-ST-ZIP	<i>Bonita Springs FL 34134</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

GARY HARLAN

2/26/01

941-390-1611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)