

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-23-2001 90194 002 ***150.00

0393782

DOCUMENT # P97000058220

1. Entity Name
EURO/FLORIDA FUNDINGS, INC.

Principal Place of Business

**800 SEAGATE DR.
NAPLES FL 34103**

Mailing Address

**800 SEAGATE DR.
NAPLES FL 34103**

00039750

2. Principal Place of Business

3521 Bonita Bay Blvd.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Bonita Springs

City & State

Zip

34134

Country

FL

Zip

Country

4. FEI Number **65-0856835**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHASTANG, LAWRENCE J
4001 TAMiami TRAIL N.
SUITE 285
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

Antonio Faga

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

375 Twelfth Avenue South

City

Naples

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

Toni, pl-sign

4-9-01

(Signature, typed or printed name of registered agent, or both, as 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

TITLE **P** ☐ Delete
NAME **BAHMS, MICHAEL**
STREET ADDRESS **1331 OLD OAK LANE**
CITY-ST-ZIP **NAPLES FL 34100**

TITLE **VS** ☐ Delete
NAME **BAHMS, PETRA**
STREET ADDRESS **1331 OLD OAK LANE**
CITY-ST-ZIP **NAPLES FL 34100**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Date

Daytime Phone #

4-9-01 (941) 948-0014

CR2E034 (10/00)