

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90098 001 ***150.00

04-07-2000 90098 002 *****8.75

DOCUMENT # P97000070591

1. Entity Name

MICHAEL LYNCH, P.A.

Principal Place of Business

2106 ARBOUR WALK #2916
NAPLES FL 34109

Mailing Address

2106 ARBOUR WALK #2916
NAPLES FL 34109-8827

2. Principal Place of Business

407-A PANAY AVE

Suite, Apt. #, etc.

ISLES OF CAPRI

City & State

NAPLES, FL

3. Mailing Address

407-A PANAY AVE

Suite, Apt. #, etc.

ISLES OF CAPRI

City & State

NAPLES, FL

Zip

34113-8602

Country

COLLIER

Zip

34113-8602

Country

COLLIER

6. Name and Address of Current Registered Agent

LYNCH, CATHY
2106 ARBOUR WALK #2916
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

SAME

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

ISLES OF CAPRI

407-A PANAY AVE

City

NAPLES

FL

Zip Code

34113-8602

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)

Cathy T. Lynch

4/3/2000

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LYNCH, MICHAEL**
CITY-ST-ZIP **2106 ARBOUR WALK #2916**
NAPLES FL 34109

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LYNCH, CATHY**
CITY-ST-ZIP **2106 ARBOUR WALK #2916**
NAPLES FL 34109

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 **SAME**
STREET ADDRESS **ISLES OF CAPRI, 407-A PANAY AVE**
CITY-ST-ZIP **NAPLES, FL 34113-8602**

TITLE ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **ISLES OF CAPRI, 407-A PANAY AVE**
CITY-ST-ZIP **NAPLES, FL 34113-8602**

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

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:

Cathy T. Lynch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2000

Date

(941) 393-2563

Daytime Phone #