

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90240 050 \*\*\*150.00

**DOCUMENT # P98000004576**

1. Entity Name  
**MEDICI, INC.**

Principal Place of Business  
**227 AIRPORT ROAD SOUTH  
 NAPLES FL 34104**

Mailing Address  
**227 AIRPORT ROAD SOUTH  
 NAPLES FL 34104**

**C0065701**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**4000 CORPORATE SQUARE**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**114**

City & State

City & State

**NAPLES FL**

4. FEI Number **59-3582927**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34104**

**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

**GOERLICH, BONNIE  
 227 AIRPORT ROAD SOUTH  
 NAPLES FL 34104**

Name

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

**4100 CORPORATE SQUARE**

**SUITE 114**

City

**NAPLES**

**FL**

Zip Code

**34104**

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, 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 **DPST** ☐ Delete  
 NAME **GOERLICH, BONNIE**  
 STREET ADDRESS **227 AIRPORT ROAD SOUTH**  
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☒ Change ☐ Addition  
 NAME **GOERLICH, BONNIE**  
 STREET ADDRESS **4100 CORPORATE SQUARE SUITE 114**  
 CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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 #

**4-30-2001 441649-1200**

CR2E034 (10/00)