

2000 UNIFORM BUSINESS REPORT (UBR)

3/3/13/1

FILED

Jul 05, 2000 8:00 am
Secretary of State

03-17-2000 90023 047 ***150.00

DOCUMENT # P98000026337

1. Entity Name

NAPLES CATTLE COMPANY, INC.

Principal Place of Business

25788 McLAUGHIN BLVD
BONITA SPRINGS FL 34134

Mailing Address

25788 McLAUGHIN BLVD
BONITA SPRINGS FL 34134-3643

2. Principal Place of Business

P.O. Box 110114
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 110114
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

59-3593701

City & State

Naples, FL

City & State

Naples, FL 34108

4. FEI Number

APPLIED FOR

Not Applicable

Zip

34108

Country

Zip

34108

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MICHAEL S
100 S ASHLEY DRIVE
STE 700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: Angelo P. Mastrolillo
Street Address (P.O. Box Number is Not Acceptable):
26788 McLaughlin Blvd.
City: Naples, FL Zip Code: 341088. 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: Angelo P. Mastrolillo
DATE: Bonita Springs, FL. 341349. 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 \$530.00
Make Check Payable to Department of State10. 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	D	TITLE	Angelo P. Mastrolillo
NAME	DAVIS, MICHAEL S	NAME	P.O. Box 110114
STREET ADDRESS	100 S ASHLEY DRIVE, STE 700	STREET ADDRESS	Naples, FL 34108
CITY-ST-ZIP	TAMPA FL 33602	CITY-ST-ZIP	Naples, FL 34108
TITLE		TITLE	26788 McLaughlin Blvd
NAME		NAME	Bonita Springs, FL 34134
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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.

NATURE: Angelo P. Mastrolillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2000

Chapters 607-610

CR25034 (12/98)