

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042308

1. Entity Name

NAPLES MEDICAL PROPERTIES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90112 032 ***150.00

Principal Place of Business

Mailing Address

OAKMONT CAPITAL RESOURCES
3306 1ST ST WEST
BRADENTON FL 34208

OAKMONT CAPITAL RESOURCES
3306 1ST ST WEST
BRADENTON FL 34208-4017

2. Principal Place of Business

6320 Venture DR

Suite, Apt. #, etc.

104

City & State

Bradenton, FL

Zip

Country

34202 USA

3. Mailing Address

6320 Venture DR

Suite, Apt. #, etc.

104

City & State

Bradenton, FL

Zip

Country

34202 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0840283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEYER, RICK
3306 1ST ST WEST
BRADENTON FL 34208

7. Name and Address of New Registered Agent

Name Rick Seyer

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

6320 Venture DR

STE 104

City Bradenton

FL

Zip Code

34202

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, 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	P	<input type="checkbox"/> Delete
NAME	SEYER, RICK	
STREET ADDRESS	3306 1ST WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BINKLEY, KIM	
STREET ADDRESS	3306 1ST ST WEST	
CITY-ST-ZIP	BRADENTON FL	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6320 Venture DR, STE 104
CITY-ST-ZIP	Bradenton, FL 34202
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6320 Venture DR, STE 104
CITY-ST-ZIP	Bradenton, FL 34202
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	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00 941-907-9008

Date

Daytime Phone #

CR2E034 (9/99)