

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045954

1. Entity Name

UBT CORPORATION

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90019 014 \*\*\*150.00

Principal Place of Business

Mailing Address

5100 TAMiami TRAIL N. SUITE 201  
NAPLES FL 34103

5100 TAMiami TRAIL N. SUITE 201  
NAPLES FL 34103-2810

2. Principal Place of Business

4910 Tamiami Trail N.

3. Mailing Address

4910 Tamiami Trail N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

Suite 210

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

US

Zip

34103

Country

US

4. FEI Number

59-3511441

Applied For

Not Applicable

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

SZEMPRUCH, DAVID J  
5100 TAMiami TRAIL N., SUITE 201  
NAPLES FL 34103

Name

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

4910 Tamiami Trail, Suite 210

City

Naples,

FL

Zip Code

34103

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS OHREN, LOTHAR  
CITY-ST-ZIP 5100 TAMiami TR N #201  
NAPLES FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4910 Tamiami Trail N., Suite 210  
CITY-ST-ZIP Naples, FL 34103

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS SZEMPRUCH, DAVID J  
CITY-ST-ZIP 5100 TAMiami TR N #201  
NAPLES FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4910 Tamiami Trail N., Suite 210  
CITY-ST-ZIP Naples, FL 34103

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS BRYAN, KELLY  
CITY-ST-ZIP 5100 TAMiami TR. N  
NAPLES FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4910 Tamiami Trail N., Suite 210  
CITY-ST-ZIP Naples, FL 34103

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*David J. Szempruch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David J. Szempruch

4/8/00

941-261-8484

CR2E034 (9/99)