

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 12, 2000 8:00 am**
Secretary of State

05-12-2000 90058 016 ***150.00

DOCUMENT # P98000050949

1. Entity Name

PIER 81 DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

**365 FIFTH AVENUE SOUTH #201
NAPLES FL 34102****365 FIFTH AVENUE SOUTH #201
NAPLES FL 34102-6575**

2. Principal Place of Business

3. Mailing Address **David Nassif Co.****195 Worcester Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

City & State

Wellesley, MA

4. FEI Number

59-3625098

Applied For

Not Applicable

Zip

Country

Zip

Country

02481**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

**CHEFFY, LOUIS W
821 5TH AVENUE SOUTH
SUITE 201
NAPLES FL 34102**

Name

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

City

FL

Zip Code

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	ANTARAMIAN, JACK J	365 FIFTH AVENUE SOUTH #201 NAPLES FL 34102	<input type="checkbox"/> Change <input type="checkbox"/> Addition	D	NASSIF, DAVID E.	195 WORCESTER STREET, SUITE 301 WELLESLEY, MA 02481
<input type="checkbox"/> Delete	D	NASSIF, DAVID E	365 FIFTH AVENUE SOUTH #201 NAPLES FL 34102	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 E. Nassif**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**April 27, 2000**

Date

Daytime Phone #

CR2E034 (9/99)