

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068283

1. Entity Name

HEBERER CONSTRUCTION, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90170 019 ***150.00

Principal Place of Business

5117 CASTELLO DRIVE #1
NAPLES FL 34103

Mailing Address

5117 CASTELLO DRIVE #1
NAPLES FL 34133-0279

2. Principal Place of Business

28000 Spanish Wells Blvd
Suite, Apt. #, etc.
200

3. Mailing Address

P.O. Box 279
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

59-3528181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMBURN, JAMES W
5117 CASTELLO DRIVE #1
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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

28000 Spanish Wells Blvd

City Bonita Springs

FL

Zip Code 34135

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 | D | <input type="checkbox"/> Delete |
| NAME | HEBERER, ALBRECHT | |
| STREET ADDRESS | 5117 CASTELLO DRIVE #1 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HEBERER, RUTH | |
| STREET ADDRESS | 5117 CASTELLO DRIVE #1 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| 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 | P.T. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEBERER, ALBRECHT | |
| STREET ADDRESS | 28000 Spanish Wells Blvd | |
| CITY-ST-ZIP | Bonita Springs, FL 34135 | |
| TITLE | VP, S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEBERER, RUTH | |
| STREET ADDRESS | 28000 Spanish Wells Blvd | |
| CITY-ST-ZIP | Bonita Springs, FL 34135 | |
| 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: ALBRECHT, HEBERER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

941-992-3355

Daytime Phone #