

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90065 020 \*\*\*158.75

**DOCUMENT # P98000076240**

1. Entity Name

**NATION-WIDE REAL ESTATE DISCOUNTERS CORPORATION**

Principal Place of Business

**14360 S. TAMiami TRAIL  
FORT MYERS FL 33912**

Mailing Address

**14360 S. TAMiami TRAIL  
FORT MYERS FL 33912**

2. Principal Place of Business

**1926 VICTORIA AVE**

Suite, Apt. #, etc.

3. Mailing Address

**1926 VICTORIA AVE**

Suite, Apt. #, etc.

City & State

**FT. MYERS, FL**

Zip **33901**

Country

**USA**

City & State

**FORT MYERS, FL**

Zip **33901**

Country

**USA**

4. FEI Number

**65-0863188**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BUTLER, GARY F  
HUMPHREY & KNOTT, P.A.  
1625 HENDRY STREET, SUITE 301  
FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name **RAYMOND L. SCHUMANN, ATTY. AT LAW**  
Street Address (P.O. Box Number is Not Acceptable) **13141 MCGREGOR BLVD SUITE 9**  
City **FORT MYERS** FL Zip Code **33919**

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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, KEITH</b>	
STREET ADDRESS	<b>14360 S. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	
TITLE	<b>D-</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WELSH, MICHAEL</b>	
STREET ADDRESS	<b>14360 S. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ESPOSITO, PATRICK</b>	
STREET ADDRESS	<b>14360 S. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>DOLPHIN, PATRICK</b>	
STREET ADDRESS	<b>14360 S. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	
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	<b>P, D, T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, KEITH</b>	
STREET ADDRESS	<b>1926 VICTORIA AVE</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33901</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAT ESPOSITO</b>	
STREET ADDRESS	<b>1926 VICTORIA AVE.</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33901</b>	
TITLE	<b>VPD, S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOLPHIN, PATRICK</b>	
STREET ADDRESS	<b>1926 VICTORIA AVE</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33901</b>	
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

**PRES.**

**KEITH S. CAMPBELL**

Date

Daytime Phone #

**2-21-01**

**941-985-2700**

CR2E034 (10/00)