

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90001 042 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000096498

1. Entity Name
INTEGRA FINANCIAL 2000, INC.

Principal Place of Business

Mailing Address

~~6325 PRESIDENTAL COURT~~
~~SUITE 1B~~
FORT MYERS FL 33919

PO BOX 61318
FORT MYERS FL 33906-1318

2. Principal Place of Business

3. Mailing Address

14901 PARK LAKE DRIVE

Suite, Apt. #, etc.

UNIT PH6

City & State

FORT MYERS, FL.

Zip

33919

Country

LEE

Zip

Country

4. FEI Number

91-1938964

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

CHRISTOPHER, JOSEPHINE A
~~6325 PRESIDENTAL COURT~~
~~SUITE 1B~~
FORT MYERS FL 33919

Name

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

14901 PARK LAKE DRIVE

UNIT PH6

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

Josephine A. Christopher
 Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-00

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
P
CHRISTOPHER, JOSEPHINE A
14901 PARK LAKE DRIVE, #PH1
FORT MYERS FL 33919

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
change Unit # from PH1
to PH6

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Josephine A. Christopher
President

Date

1-6-00

Daytime Phone #

(941) 481-7800

CR2E034 (9/99)