

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105772

1. Entity Name

HEMMER WILLIAMS, INC.

Principal Place of Business

5725 GREEN BLVD.
NAPLES FL 34116

Mailing Address

PO BOX 8748
NAPLES FL 34101-8748

2. Principal Place of Business

850 Central Avenue

Suite, Apt. #, etc.

Suite 100

City & State

Naples, Florida

Zip

34102

Country

Collier

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3553169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POULOS-LADEMAN, CARRIE E
801 LAUREL OAK DRIVE STE. 710
NAPLES FL 34108

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HEMMER, DANIEL J
CITY-ST-ZIP 5725 GREEN BLVD.
NAPLES FL 34116

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIAMS, DOUGLAS
CITY-ST-ZIP 28383 TASCA DRIVE
BONITA SPRINGS FL 34135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Daniel J Hemmer
STREET ADDRESS 850 Central Avenue, Suite 100
CITY-ST-ZIP Naples, Florida 34102

TITLE ☒ Change ☐ Addition
NAME Douglas Williams
STREET ADDRESS 7240 Coventry Court, #301
CITY-ST-ZIP Naples, FL 34104

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS WILLIAMS, V.P.

3/29/00

(941) 643-5323

Date

Daytime Phone #

CR2E034 (9/99)