## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## FILED DOCUMENT # P99000013977 Jul 18, 2000 8:00 am 1. Entity Name ATWELL CENTER, INC. **Secretary of State** 07-18-2000 90016 046 \*\*\*150.00 Mailing Address Principal Place of Business 501 GOODLETTE ROAD NORTH, D100 STE. 9 501 GOODLETTE ROAD NORTH. D100 STE. 9 NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country Country~ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BILITZKE, PATRICIA** Street Address (P.O. Box Number is Not Acceptable) 6118 THRESHER DRIVE NAPLES FL 34112 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Change ☐ Delete TITLE Bilitzke Patricia Bilitzke 6118 Thresher Drive NAME NAME STREET ADDRESS STREET ADDRESS 34112 FL CITY-ST-ZIP CITY-ST-ZIP Naples ☐ Change ☐ Addition ☐ Delete TITLE helly Warren 1615 Andrew Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 7-8-08 Daytime Phone is

P990000(3977



501 Goodlette Road North Building D-100 Suite #9 Naples, Florida 34102

July 8, 2000

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please find enclosed the 2000 Uniform Business Report for Atwell Center, Inc. I have enclosed a check for \$150 and respectfully request that you abate the penalty of \$400. I never received the first notice to file this report and as this was my first year in business I was not aware of the need to file the report prior to May 1. I am sure your office did send me a first notice, however my office is in an office complex where all of the mail is delivered to a central front desk and I also did not receive a first notice on a non-profit corporation of which I am also the President. I have had numerous problems receiving my mail at this location, so I am sure the fault lies with the property management company and not your office. If you have any questions on this matter please contact me at 941-403-1026. I thank you in advance for your leniency and attention to this manner.

Sincerely,

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