

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028044

1. Entity Name

NAUTICA OF ORLANDO, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90027 034 ***150.00

Principal Place of Business

Mailing Address

C/O NAUTICA RETAIL USA, INC.
152 WEST 57TH STREET
NEW YORK NY 10019

C/O NAUTICA RETAIL USA, INC.
152 WEST 57TH STREET
NEW YORK NY 10019-3310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

NAUTICA OF ORLANDO, INC.

NAUTICA OF ORLANDO, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5401 W OAKRIDGE RD. SUITE 68-70

40 W 57TH ST

City & State

City & State

ORLANDO FL

NEW YORK NY

Zip

Country USA

Zip

Country USA

32819

ORLANDO

10019

USA

4. FEI Number

Applied For

59-3604345

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN WETZLER	
STREET ADDRESS	40 W 57TH ST	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	DAVID CHU	
STREET ADDRESS	40 W 57TH ST	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	HARVEY SANDERS	
STREET ADDRESS	40 W 57TH ST	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME	FRANK PETROCCA	
STREET ADDRESS	40 W 57TH ST	
CITY-ST-ZIP	NEW YORK, NY 10019	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

FRANK PETROCCA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/28/00

Daytime Phone #

212-468-9911

CR2E034 (9/99)