

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044595

1. Entity Name

WILLIAM EILF REALTY, INC.

FILED

00 DEC 18 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4610 LEE BLVD.  
LEHIGH ACRES FL 33971

Mailing Address

4610 LEE BLVD.  
LEHIGH ACRES FL 33936-4953

2. Principal Place of Business

904 Lee Blvd  
Suite, Apt. #, etc.  
# 111

3. Mailing Address

904 Lee Blvd  
Suite, Apt. #, etc.  
# 111



REINSTATEMENT DO NOT WRITE IN THIS SPACE

City & State  
LEHIGH ACRES, FL

City & State  
LEHIGH ACRES, FL

4. FEI Number  
15-0919197

Applied For  
Not Applicable

Zip  
33936

Country  
USA

Zip  
33936

Country  
USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, THOMAS J JR, ESQ  
4575 VIA ROYALE, STE. 206  
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name  
WILLIAM EILF  
Street Address (P.O. Box Number is Not Acceptable)  
904 LEE BLVD # 111  
City  
LEHIGH ACRES, FL  
Zip Code  
33936

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]*

11-2-00

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.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WILLIAM EILF 904 Lee Blvd LEHIGH, FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003575464--3 -01/25/01--01103--017 ****750.00 ****750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

*[Signature]* 11-2-00 941-369-7200

CR2E034 (9/99)