

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053463

1. Entity Name

ONEIDA, INC.

FILED
Sep 19, 2000 8:00 am
Secretary of State

09-19-2000 90001 027 ***550.00

Principal Place of Business

375 12TH AVENUE. S.
NAPLES FL 34102

Mailing Address

375 12TH AVENUE. S.
NAPLES FL 34102

2. Principal Place of Business

3403 Winkler Avenue
Suite, Apt. #, etc.

3. Mailing Address

3403 Winkler Avenue
Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33916

Country

City & State

Ft. Myers, FL

Zip

33916

Country

4. FEI Number

65-1027517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAGA, ANTONIO ESQ.
375 12TH AVENUE, S.
NAPLES FL 34102

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

Sign Here

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/13/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
STREETS ADDRESS STEVENS, MICHAEL
CITY-ST-ZIP 223 BAYFRONT DRIVE
BONITA SPRINGS FL 34134

TITLE ☐ Delete
NAME
STREETS ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREETS ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREETS ADDRESS
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TITLE ☐ Delete
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STREETS ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREETS ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Stevens, Michael
STREETS ADDRESS 3403 Winkler Avenue
CITY-ST-ZIP Ft. Myers, FL 33916

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREETS 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

Date

Daytime Phone #

CP2E034 (5/00)

Attachment
04#P 490000534 63
A0079573

GOFFMAN, KURZER, LOEWENSTEIN AND COMPANY, LLC
CERTIFIED PUBLIC ACCOUNTANTS

66 MOUNT PROSPECT AVENUE
CLIFTON, NEW JERSEY 07013
TEL: (973) 779-8100
FAX: (973) 779-7138

NAME: Oneida, Inc.

DATE: September 8, 2000

INSTRUCTIONS FOR FILING FORM FL-2000 UBR FOR THE YEAR ENDED 12/31/99

Page 1 (Box 8 & 13) must be signed and dated by:

The return is due by:

X Michael Stevens

September 13, 2000

Amount of fee \$ 550.00

Mail return to:

Make check payable to:

Division of Corporations
Uniform Business Report
Filings

DEPARTMENT OF STATE

P.O. Box 1500
Tallahassee, FL 32302-1500

PLEASE RETAIN THE ATTACHED COPY FOR YOUR FILES