

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060233

1. Entity Name

~~NAUTICA III OF ORLANDO, INC.~~

NAUTICA II OF ORLANDO, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

5401 WEST OAKRIDGE RD

Suite, Apt. #, etc.

SPACE 69-70

City & State

ORLANDO, FL

Zip

32819

Country

USA

3. Mailing Address

NAUTICA II OF ORLANDO, INC.

Suite, Apt. #, etc.

40 WEST 57TH ST.

City & State

NEW YORK, NY

Zip

10019

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3625030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN WETZLER	
STREET ADDRESS	40 WEST 57TH ST.	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	TREAS/SECRETARY	<input type="checkbox"/> Delete
NAME	FRANK PETROCCA	
STREET ADDRESS	40 WEST 57TH ST.	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	HARVEY SANDERS	
STREET ADDRESS	40 WEST 57TH ST.	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	DAVID CHU	
STREET ADDRESS	40 WEST 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		
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

Date

Daytime Phone #

3/22/00 212-468-9911