

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079165

1. Entity Name  
**THE NYE CORPORATION**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90021 028 \*\*\*158.75

Principal Place of Business

9 NE 2ND ST  
OCALA FL 34470

Mailing Address

1130 NE 12TH AVE  
OCALA FL 34470-1604

2. Principal Place of Business

**201 N. MAGNOLIA AVENUE**

3. Mailing Address

**201 N. MAGNOLIA AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**OCALA, FL**

City & State

**OCALA, FL**

4. FEI Number

**59-3600450**

Applied For

Not Applicable

Zip

Country

**34475 USA**

Zip

Country

**34475 USA**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NYE, SUSAN P  
1130 NE 12TH AVE  
OCALA FL 34470**

7. Name and Address of New Registered Agent

Name **SUSAN P. NYE**

Street Address (P.O. Box Number is Not Acceptable)

**5400 NE 5th Street**

City

**Ocala**

FL

Zip Code

**34470**

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]* **SUSAN P. NYE PRES**

**1-10-00**

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. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **P/V/T/S/D**  
STREET ADDRESS **SUSAN T. NYE**  
CITY-ST-ZIP **5400 N.E. 5th Street**  
**Ocala, FL 34470**

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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]* **Susan P. NYE**

**1-10-2000**  
Date

**(352) 236-4815**  
Daytime Phone #

CR2E034 (9/99)