

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082699

1. Entity Name

HALTA OF SW FLORIDA, INC

Principal Place of Business

6700 TRAIL BLVD.
NAPLES FL 34108

Mailing Address

6700 TRAIL BLVD.
NAPLES FL 34108-2904

2. Principal Place of Business

1100 SIXTH AVE SOUTH

3. Mailing Address

6700 TRAIL BLVD

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0946831

Applied For

Not Applicable

Zip

34102

Country

USA

Zip

34108

Country

USA

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

HALSTED, JOHN S
6700 TRAIL BLVD.
NAPLES FL 34108

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 ☐ Delete

NAME JOHN S. HALSTED
STREET ADDRESS 6700 TRAIL BLVD
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME A. KATHIE HALSTED
STREET ADDRESS 6700 TRAIL BLVD
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME STEVEN C. HALSTED
STREET ADDRESS 6700 TRAIL BLVD
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

STEVEN C. HALSTED - TREASURER

01/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1014 (UBR)