## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

## FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # P99000093898 ANARON MANAGEMENT, INC. 05-04-2000 90170 018 \*\*\*150.00 Principal Place of Business Mailing Address 28000 SPANISH WELLS BOULEVARD 28000 SPANISH WELLS BOULEVARD BONITA SPRINGS FL 341:35 BONITA SPRINGS FL 34135-2850 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number -3605655 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EBBINGHAUS, MARK Street Address (P.O. Box Number is Not Acceptable) 28000 SPANISH WELLS BOULEVARD **BONITA SPRINGS FL 341.35** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D. P. VP, ST Delete Change TITLE ANDREW SILARI 28000 SPANISH WELLS DR AMBURN, JAMES W NAME STREET ADDRESS 28000 SPANISH WELLS BOULEVARD STREET ADDRESS BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 347.35 Delete TITLE ☐ Change ☐ Addition TITLE EBBINGHAUS, MARK NAME NAME STREET ADDRESS 28008 SPANISH WELLS BOULEVARD STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 341.35** CITY-ST-ZIP ☐ Addition \_\_ Change TITLE ☐ Delete\_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ■ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

4.-17-00 941-992-7353