

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104519

1. Entity Name

LERIVAP, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90397 037 \*\*\*150.00

Principal Place of Business

Mailing Address

800 LAUREL OAK DR., SUITE 600  
NAPLES FL 34108

800 LAUREL OAK DR., SUITE 600  
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3613532

Applied For

Not Applicable

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

CLASP, INC.  
3001 TAMiami TRAIL NORTH  
4TH FLOOR  
NAPLES FL 34103

Name

HANS LEVY

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

800 LAUREL OAK DR.

Suite 600

City

NAPLES

FL

Zip Code

34108

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 D ☐ Delete  
NAME LEVIN, LINDA LEVY  
STREET ADDRESS 217 COUNTRY LANE  
CITY-ST-ZIP MT. LAUREL NJ 08054

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

TITLE D ☐ Delete  
NAME PHILLIPS, MARIAN LEVY  
STREET ADDRESS 217 COUNTRY LANE  
CITY-ST-ZIP MT. LAUREL NJ 08054

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

TITLE D ☐ Delete  
NAME LEVY, BARBARA  
STREET ADDRESS 28511 10TH AVENUE SOUTH  
CITY-ST-ZIP FEDERAL WAY WA 98003

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition  
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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:

LINDA LEVIN PRES. Linda Levin

Date

Daytime Phone #

4/21/00 941.597.9800

CR2E034 (9/99)