

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104519

1. Entity Name
LERIVAP, INC.

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90004 017 ***150.00

554034



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
800 LAUREL OAK DR., SUITE 600 **800 LAUREL OAK DR., SUITE 600**
NAPLES FL 34108 **NAPLES FL 34108**

2. Principal Place of Business 3. Mailing Address
4968 Tamiami Trail/No. **4968 Tamiami Trail/No.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Naples, FL **Naples, FL**

Zip Country Zip Country
34103 **US** **34103** **US**

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
LEVY, HANS
800 LAUREL OAK DR
STE. 600
NAPLES FL 34108

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4968 Tamiami Trail No.
City **Naples** FL Zip Code **34103**

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 **Hans F. Levy** DATE **4/30/01**
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW! FEE IS \$150.00**
After MAY 1, 2001 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	<input type="checkbox"/> Delete
NAME	LEVIN, LINDA LEVY
STREET ADDRESS	217 COUNTRY LANE
CITY-ST-ZIP	MT. LAUREL NJ 08054
TITLE	<input type="checkbox"/> Delete
NAME	PHILLIPS, MARIAN LEVY
STREET ADDRESS	217 COUNTRY LANE
CITY-ST-ZIP	MT. LAUREL NJ 08054
TITLE	<input type="checkbox"/> Delete
NAME	LEVY, BARBARA
STREET ADDRESS	28511 10TH AVENUE SOUTH
CITY-ST-ZIP	FEDERAL WAY WA 98003
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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
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
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: **Linda Levin** **Linda Levin** DATE **4/30/01** Daytime Phone # **941/430-7876**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)