2000 UNIFORM BUSINES'S REPORT (UBR)

DOCUI	MENT # P990001	1058	30		- 						
KRECA, I	·	1						F	ILED		
MILON I			<u></u>					OO MAR	30 PH	3: 27	
Principal Place	ddress				PERDETARY OF STATE						
1140 LEE BLVD. LEHIGH ACRES			P.O. BOX 1361 LEHIGH ACRES FL 33970-1361				SECRETARY OF STATE TALLAHASSEE FLORIDA				
		<u> </u>					1				
2. Principal Pl	ace of Business	3. Mailing	3. Mailing Address				ļ				
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.					DO NOT V	VRITE IN THIS S		
City & State	3	City &	City & State				4. FEI	Number			pplied For ot Applicable
Zip	Zip Country		Сош		ry		5. Cer	tificate of Status Desire		\$8.75 Add Fee Require	
	B. Name and Address of Current	Registered			Marra		7. Nan	ne and Address of Ne	w Registered A	igent .	
DC: IN	ico MD MCNIZ	7,-	~ 		Name						
1140	LEE BLVD., STE. 102		بالدافية والمستعلق بيَّاه - ا		Street Address (P.O. Box Number is Not Acceptable)						
LEHIGH ACRES FL 33938-1361					City				FL	Zip Cod	e
	named entity submits this statement to					<u> </u>					
SIGNATURE	Signature, typed or pointed name of registered agent	•	ļ		I Agent signals			•	DATE		
			!				\neg				
9. This corpo Tax filing re (See criteri	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 to Check Payable to Department of St.			550.00	1	 Election Campaign Trust Fund Contrib 			May Be d to Fees		
11.	OFFICERS AND	DIRECTORS	<u> </u>	12.			ADDI	TIONS/CHANGES TO	OFFICERS AND		
TITLE NAME	D PFUNER, HEINZ		Delete	NAM.				,		Change	noitibbA [_]
STREET ADDRESS CITY-ST-ZIP	1140 LEE BLVD, SUITE #201 LEHIGH ACRES FL 33970-1361				-ST-ZIP						
TITLE NAME	Erwin trebs, 70	S	Delete	TITLE	E	PDS Erwi	in U	lrebs in Ave.		☐ Change	12 Addition
STREET ADORESS CITY-ST-ZIP	249	~	}	T.	et address -st-zip	cehi		Acres Fr 3	3972	,	_}
TITLE		,	Delete	TITLE NAM		VDT CATHE	RIN	E UREBS		Change	Addition
STREET ADDRESS					et adoress -st-zip	814 6	yren 'n.	n Ave. Arre F 339	コシ		
CITY-ST-ZIP TITLE			Delete	πι		Lem	1v	<u> ACIALLE ON I</u>		Change	Addition
NAME STREET ADDRESS				NAM STRE	E Et adoress	1					
CITY-ST-ZIP	2.6		100		-ST-ZIP	ļ				∏ Change	☐ Addition
TITLE NAME	•		Delete Delete	JIIILI Nam	E	1					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP			_			
TITLE			Delete	TITL						Change	☐ Addition
name Street aodress City-S1-Zip				NAME STREET ADORESS CITY-ST-ZIP						S	P
13. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report or proration or the respiver or trustee emporation or the respiver or trustee emporation an attachment with an address	rikis filing de s the and a overed to ex win all dibe	pes not qualify for sociate and that receive the this report like empowered	r the exe my signa as requi	mption sta ture shall h red by Cha	ted in Seci lave the sa apter 607,	tion 119 ame leg Florida	9.07(3)(i), Florida Statut al effect as if made und Statutes; and that my c	es. I further cer der oath; that I a name appears i	tify that the am an office n Block 11 o	information r or director r Block 12 if
SIGNAT		/ , }		Hei	· · · · · ·	Juner,	7	744/00	94	1-369 d	389