## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_\_\_

2000 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # \$33978  1. Entity Name					FILED Feb 14, 2000 8:00 am Secretary of State			
Principal Plac	e of Business	Mailing Address						
950 N COLIER BLVD		950 N COLLIER BLVD			1) II D 4 /	2 N N F		
202 MARCO ISLAND FL 34145 US		202 Marco Island FL 34145-2716 US			UOO19			
2. Principal Place of Business		3. Mailing Address				11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
City & State		City & State			4. FEI Number 65-0304859	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current R	egistered Agent	Name		7. Name and Address of New Registered	Agent		
950	SLER, GARY J N. COLLIER BLVD., #202 CO ISLAND FL 34145	ب مسیونیه		adress (P.	O. Box Number is Not Acceptable)			
		1	City		F	Zip Cod	e	
8. The above	named entity sobmits this statement to	the purpode of changing its	registered office or	registered	d agent, or both, in the State of Florida.	1/2		
SIGNATURE .	Signature, typed or printer name of registered agent	d title if applicable. (NOTE	Registered Agent signatur	re required w	then reinstating) DATE	8/00	<del></del>	
9. This corporation is eligible to satisfy its lettangible 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 Sta		50.00	10. Election Campaign Financing Trust Fund Contribution.		May Be d to Fees	
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFICERS AN			
NAME STREET ADDRESS CITY-ST-ZIP	₽D STILLMAN, NEIL A. 941 S COLLIER BLVD #6 MARCO ISLAND FL 34145	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Sti. 941	ector llman, Neil A. S. Collier Blvd. #6 co Island, FL 34145	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, ELAINE 941 S COLLIER BLVD #4 MARCO ISLAND FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Sutt 941	sident and Director ton, Elaine S. Collier Blvd. #4 co Island, FL 34145	X Change	☐ Addition	
TITLE	VP	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VAUGHAN, SUZANNE N 190 SOCIETY CT MARCO ISLAND FL 34145		NAME STREET ADDRESS CITY-ST-ZIP		المعمولة التوليد المراجعين عبيرات الميار المتراج وعاملاتين والمتراجين			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	C ALEX	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change		
STREET ADDRESS			STREET AODRESS CITY-ST-ZIP		,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Califo.	
13. I hereby of indicated of the cor	on this report or supplemental report is t	rue and accurate and that n vered to execute this report ith all other like empowered.	ny signature shall ha as required by Char	ava tha ca	tion 119.07(3)(i), Florida Statutes. I further came legal effect as if made under oath; that Florida Statutes; and that my name appears	l am an officer.	or director	