

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S60991

1. Entity Name

THE BILTMORE GROUP INCORPORATED

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90227 008 ***150.00

Principal Place of Business

Mailing Address

~~4732 SAN BERNARDINO~~
 NAPLES FL 34109

~~659 VANDERBILT BCH RD.~~
~~#306~~
 NAPLES FL 34108-0746

2. Principal Place of Business

3. Mailing Address

2316 Pine Ridge Rd #472

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0265971

Applied For

Not Applicable

Zip

34109

Country

Collier

Zip

34109

Country

Collier

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

VALERIO, JAMES H.

~~4732 SAN BERNARDINO~~
 NAPLES FL 34109

Name

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

2316 Pine Ridge Rd #472

City

Naples, FL

FL

Zip Code

34109

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	VALERIO, JAMES H.	1732 SAN BERNARDINO WAY	NAPLES FL 34109	<input type="checkbox"/>
V	BENCIN, JAMES W.	1720 SAN BERNARDINO WAY	NAPLES FL 34109	<input type="checkbox"/>
S	VALERIO, MEREDITH	1732 SAN BERNARDINO WAY	NAPLES FL 34109	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		7505 San Miguel Way		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		7505 San Miguel Way		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		7505 San Miguel Way		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00 (941) 593-2077

CR2E034 (9/99)