

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98537

1. Entity Name

TRAIL VIEW APARTMENTS, INC.

Principal Place of Business

Mailing Address

1500 TERRACE AVENUE
NAPLES FL 34104

1500 TERRACE AVENUE
NAPLES FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1500 LAPETITE CT

1500 LAPETITE CT

City & State

City & State

NAPLES FLA

NAPLES FLA

Zip

Country

Zip

Country

34104 COLLIER

34104 COLLIER

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ULRICH, CARL R.
1500 TERRACE AVENUE
NAPLES FL 33942

Name

CARL F. ULRICH

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

1500 LAPETITE CT

City

NAPLES

FL

Zip Code

34104

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

CARL F. ULRICH

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ULRICH, CARL F.
1500 TERRACE AVE.
NAPLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CARL F. ULRICH
1500 LAPETITE CT
NAPLES FL 34104

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
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TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

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:

CARL F. ULRICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

4/12/00 1-941-774

2527

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90035 012 ***150.00

717339



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required