

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V67462

1. Entity Name

NERIAD, CO.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90060 020 ***150.00

Principal Place of Business

6770 H LONE OAK BLVD
NAPLES FL 34109

Mailing Address

6770 H LONE OAK BLVD
NAPLES FL 34109-8839

2. Principal Place of Business

2100 Crestview Way
Suite, Apt. #, etc.

3. Mailing Address

2100 Crestview Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Naples FL

Zip
34119

Country

USA

City & State

Naples FL

Zip
34119

Country

USA

4. FEI Number

65-0354539

Applied For

Not Applicable

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

DICKSON, DORIS

230 SUGAR PINE LANE
NAPLES FL 33903

Name

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

2100 Crestview Way

City

Naples

FL

Zip Code

34119

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
D
DICKSON, DORIS
6770 H LONE OAK BLVD
NAPLES FL 34109

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2100 Crestview Way
Naples, FL 34119

☒ Change ☐ Addition

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CITY - ST - ZIP
V
DEFOREST, JAMES
6770 H LONE OAK BLVD
NAPLES FL 34109

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CITY - ST - ZIP
2100 Crestview Way
Naples, FL 34119

☒ Change ☐ Addition

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☐ 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:

Doris Dickson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/2000

CR2E034 (9/99)