

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90017 042 ***150.00

DOCUMENT # J56776

1. Entity Name

CLASSIC REALTY OF SARASOTA, INC.

Principal Place of Business

Mailing Address

% MARK G. BOTTS
 3910 SHADY GLEN LANE
 SARASOTA FL 34241

% MARK G. BOTTS
 3910 SHADY GLEN LANE
 SARASOTA FL 34241-6052

2. Principal Place of Business

3. Mailing Address

4722 Old Farm Rd.

4722 Old Farm Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota Florida

Sarasota, Florida

Zip

Country

Zip

Country

34233

U.S.A.

34233

U.S.A.

4. FEI Number

59-2762964

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

Name

Boths, Mark G.

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

BOTTS, MARK G
 3910 SHADY GLEN LANE
 SARASOTA FL 34241

4722 Old Farm Rd.

City

Sarasota

FL

Zip Code

34233

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

Mark G. Boths

2-12-00

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 BOTTS, MARK G 3910 SHADY GLEN LANE SARASOTA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTTS, MARK G. 4722 Old Farm Rd. Sarasota, FL 34233	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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:

Mark G. Boths

MARK G. BOTTS

2-12-00

1-941-927-6590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)