

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K71925

1. Entity Name

301 VANBAR CORPORATION

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90023 014 ***150.00

Principal Place of Business

Mailing Address

3629 WEBBER STREET
 SUITE B-1
 SARASOTA FL 34232

3631-A WEBBER STREET
 SARASOTA FL 34232-4412
 US

2. Principal Place of Business

3629 WEBBER ST.

3. Mailing Address

6040 WILSHIRE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B6

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0117739

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

34232

USA

Zip

Country

34238

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEHR SR, THEODORE JON
 3631-A WEBBER STREET
 SARASOTA FL 34232

Name

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

City

FL

Zip Code

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	P	<input type="checkbox"/> Delete
NAME	BEHR, THEODORE JON SR.	
STREET ADDRESS	6040 WILSHIRE BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	RUSO, JOSEPH V. JR.	
STREET ADDRESS	2020 CASEY KEY ROAD	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VAADI, EUGENE	
STREET ADDRESS	4629 GLENBROOKE TER.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Theodore Jon Behr SR.* PRES. 4-21-2000 941-921-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CE 102 001