

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90065 011 \*\*\*150.00

**DOCUMENT # M97453**

1. Entity Name

**BEDSTONE HOLDINGS, INC.**

Principal Place of Business

Mailing Address

7200 PROCTOR ROAD  
 SARASOTA FL 34241

1590 FIRST STREET  
 ATTN: JIM GOAR  
 SARASOTA FL 34236-8502  
 US

00017630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*P.O. Box 19138*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*SA*

City & State

4. FEI Number

**59-2378817**

Applied For

Not Applicable

Zip

*34276*

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

TALBOT, LINDA  
 7200 PROCTOR ROAD  
 SARASOTA FL 34241

7. Name and Address of New Registered Agent

Name

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

*2432 BREAKWATER CIRCLE*

City

**FL**

Zip Code

*34231*

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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **ULMKE, RITA**  
 CITY-ST-ZIP **7200 PROCTOR ROAD**  
**SARASOTA FL**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **6901 CLARK ROAD**  
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Delete  
 NAME **VT**  
 STREET ADDRESS **TALBOT, LINDA**  
 CITY-ST-ZIP **7200 PROCTOR RD**  
**SARASOTA FL**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **6901 CLARK ROAD**  
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:** *Linda Talbot* (LINDA TALBOT), VP *2/1/00 941-923-2232*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 1034 (9/99)