

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002023

1. Entity Name

FORTY CARROTS OF SARASOTA, INC.

Principal Place of Business

1500 S TUTTLE AVE
SARASOTA FL 34239

Mailing Address

1500 S TUTTLE AVE
SARASOTA FL 34239

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WATTS, DANA
1620 MAIN ST
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME MIMI KLEIN
STREET ADDRESS 3315 BAYSHORE DR
CITY-ST-ZIP SARASOTA FL 34234

TITLE VDT ☐ Delete
NAME WEISS, DIANE
STREET ADDRESS 2397 FIESTA DR
CITY-ST-ZIP SARASOTA FL 34231

TITLE PD ☐ Delete
NAME KANE-HARTNETT, BETSY
STREET ADDRESS 6131 GULF OF MEXICO DR
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE D ☐ Delete
NAME GITHLER, KIM
STREET ADDRESS 374 S SHORE DR
CITY-ST-ZIP SARASOTA FL 34234

TITLE D ☐ Delete
NAME HEARD, KATHY
STREET ADDRESS 1649 WISCONSIN LANE
CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☐ Delete
NAME GOLDSTEIN, NORMAN
STREET ADDRESS 3223 OLD OAK DR
CITY-ST-ZIP SARASOTA FL 34239

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/01 941 365-7716
Date Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90467 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)