

# 2002 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90064 003 \*\*\*\*61.25

**DOCUMENT # N93000002023**

1. Entity Name

**FORTY CARROTS OF SARASOTA, INC.**

Principal Place of Business

Mailing Address

1500 S TUTTLE AVE  
 SARASOTA FL 34239

1500 S TUTTLE AVE  
 SARASOTA FL 34239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0405988**

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

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

City

**FL**

Zip Code

**WATTS, DANA**  
**1620 MAIN ST**  
**SARASOTA FL 34238**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1405 Westbrook Dr**  
 CITY-ST-ZIP **Sarasota FL 34231**

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

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

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

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

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

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/12/02** **941**  
**365-7716**

CP2E037 (9/01)