

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90044 020 ***150.00

DOCUMENT # **999000035234**

1. Entity Name

5780 MIDNIGHT PASS, INC.

Principal Place of Business

SEE BELOW

Mailing Address

**5780 MIDNIGHT PASS RD.
 SUITE 501B
 SARASOTA FLORIDA 34242
 ATTN: KEITH REEVES**

2. Principal Place of Business

5780 MIDNIGHT PASS RD.

3. Mailing Address

5780 MIDNIGHT PASS RD.

Suite, Apt. #, etc.

501B

Suite, Apt. #, etc.

501B / ATTN: KEITH REEVES

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FLA.

City & State

SARASOTA FLA

4. FEI Number

65-0912012

Applied For

Not Applicable

Zip

34242

Country

US

Zip

34242

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DALE MYER
 5780 MIDNIGHT PASS RD.
 SUITE 501B
 SARASOTA FLORIDA 34242**

7. Name and Address of New Registered Agent

Name **KEITH W. REEVES**
 Street Address (P.O. Box Number is Not Acceptable)
**5780 MIDNIGHT PASS RD.
 SUITE 501B**
 City **SARASOTA** **FL** Zip Code **34242**

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

TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	MICHAEL MINOTTE	
STREET ADDRESS	6685 BETA DRIVE	
CITY-ST-ZIP	MAYFIELD VILLAGE OHIO 44143	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ROBERT A RANTALLO	
STREET ADDRESS	6685 BETA DRIVE	
CITY-ST-ZIP	MAYFIELD VILLAGE OHIO 44143	
TITLE	DIRECTOR / PRESIDENT	<input type="checkbox"/> Delete
NAME	DALE MYER	
STREET ADDRESS	5780 MIDNIGHT PASS RD.	
CITY-ST-ZIP	SARASOTA FLORIDA 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

DALE MYER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DALE MYER PRES 4/15/00

CR2E034 (9/99)