

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 31, 2000 08:00 AM
Secretary of State****DOCUMENT # P96000066184****1. Entity Name**
7129 S. TAMiami TRAIL, INC.**Principal Place of Business**

7330 S. TAMiami TRAIL

SARASOTA
34231

FL

Mailing Address

7330 S. TAMiami TRAIL

SARASOTA
34231

US

FL

2. Principal Place of Business

7330 S. TAMiami TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA

FL

City & State

SARASOTA

Zip

34231

Country

US

Country

US

4. FEI Number**65-0685161**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSEIDEL BARRY C
7330 S. TAMiami TRAILSARASOTA
34231

FL

US

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)

01/31/2000

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	D	SEIDEL LESLYE A	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		7330 S. TAMiami TRAIL	
CITY-ST-ZIP		SARASOTA FL	

TITLE	D	SEIDEL BARRY C	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		7330 S. TAMiami TRAIL	
CITY-ST-ZIP		SARASOTA FL	

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			

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	SEIDEL LESLYE A	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
STREET ADDRESS		7330 S. TAMiami TRAIL		
CITY-ST-ZIP		SARASOTA FL	34231	

TITLE	D	SEIDEL BARRY C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
STREET ADDRESS		7330 S. TAMiami TRAIL		
CITY-ST-ZIP		SARASOTA FL	34231	

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
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: BARRY C. SEIDEL

D 01/31/2000