## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 28, 2000 8:00 am Secretary of State DOCUMENT # P97000093696 1. Entity Name CATTLEBEE ASSOCIATES, INC. 01-28-2000 90205 026 \*\*\*150.00 Principal Place of Business Mailing Address 2201 CANTU COURT, SUITE 200 2201 CANTU COURT, SUITE 200 SARASOTA FL 34232 SARASOTA FL 34232-6254 2. Principal Place of Business 3. Mailing Address 2201 Cantu Court 2201 Cantu Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 104 Suite 104 City & State City & State Applied For 4. FEI Number 65-0794888 Sarasota, Sarasota, Not Applicable Country **\$8.75** Additional 5. Certificate of Status Desired 34232 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STARLING, FRED M Street Address (P.O. Box Number is Not Acceptable) $\begin{array}{c} \text{Suite} & 104 \end{array}$ 2201 CANTU COURT, SUITE-290 SARASOTA FL 34232 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <u>'ग</u>्रे । <u>।</u> FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ÇvΣ (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE TITLE ☐ Change ☐ Addition ☐ Delete STARLING, FRED M NAME NAME 2201 CANTU COURT, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE SARASOTA FL 34232 Change ☐ Addition ☐ Defete TITLE TITLE MALAMUD, NEIL N NAME NAME 1717 2ND ST, SUITE A STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34236 ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP -☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIENT OR DIRECTOR

Daytime Phone #