

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)