

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 217262

1. Entity Name

JOHN BURGSTINER, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90097 048 ***158.75

Principal Place of Business

Mailing Address

4562 CLARK ROAD
~~P. O. BOX 5761~~
SARASOTA FL 34233
US

~~4562 CLARK ROAD~~
P. O. BOX 5761
SARASOTA FL 34277-5761
US

2. Principal Place of Business

4562 CLARK ROAD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5761

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip 34233

Country US

City & State

SARASOTA, FL

Zip 34277

Country US

4. FEI Number

59-0872389

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCFADDEN, J. P.
255 CEDAR PARK CIRCLE
SARASOTA FL 34242

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCFADDEN, JERRY P	
STREET ADDRESS	255 CEDAR PARK CIRCLE	
CITY - ST - ZIP	SARASOTA FL 34242	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCFADDEN, JERRY P	
STREET ADDRESS	255 CEDAR PARK CIRCLE	
CITY - ST - ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

(941) 925-9403

Daytime Phone #

CR2E034 (9/99)