

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 349523

1. Entity Name

ARVEE DONA BAY, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90101 015 \*\*\*150.00

Principal Place of Business

Mailing Address

3439 TECHNOLOGY DRIVE  
UNIT 8  
NOKOMIS FL 34275

P.O. BOX 1466  
VENICE FL 34284-1466

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

59-1267780

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

KLINGBEIL, ROBERT T JR.ESQ  
341 VENICE AVENUE WEST  
VENICE FL 34285

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 ☐ Delete  
NAME  
PDC  
STREET ADDRESS  
LEVINE, LESTER I  
CITY-ST-ZIP  
545 SANCTUARY DRIVE  
LONGBOAT KEY FL 34228

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
VTSD  
STREET ADDRESS  
LEVINE, NANCY  
CITY-ST-ZIP  
545 SANCTUARY DRIVE  
LONGBOAT KEY FL 34228

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
D  
STREET ADDRESS  
DICKMAN, AIMEE L  
CITY-ST-ZIP  
1122 6TH ST., #202  
SANTA MONICA CA 90403

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
VD  
STREET ADDRESS  
LEVINE, MICHAEL D  
CITY-ST-ZIP  
1109 DELACROIX CIRCLE  
NOKOMIS FL 34275

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
VD  
STREET ADDRESS  
LEVINE, BRIAN M  
CITY-ST-ZIP  
629 GLEN OAK DRIVE  
VENICE FL 34293

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
D  
STREET ADDRESS  
LEVINE, LISA L  
CITY-ST-ZIP  
10993 BLUFFSIDE DR  
STUDIO CITY CA 91604

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

4.11.00 944-483-3379

CR2E034 (9/99)