

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 441814

1. Entity Name

BEST & ASSOCIATES OF SARASOTA, INC.

Principal Place of Business

1800 2ND ST
SUITE 965
SARASOTA FL 34236
US

Mailing Address

1800 2ND STREET
SUITE 965
SARASOTA FL 34236
US

2. Principal Place of Business

107 S. Osprey Ave.

3. Mailing Address

107 S. Osprey Ave.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34236

Country

Sarasota

Zip

34236

Country

Sarasota

4. FEI Number

59-1501237

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCALLUM, DALE A
1800 2ND STREET, SUITE 965
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

107 S. Osprey Ave.

Suite 200

City

Sarasota,

FL

Zip Code
34236

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)

1/5/2001

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, 2001 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	VSD	<input type="checkbox"/> Delete
NAME	MUKALLA, JOSEPH M	
STREET ADDRESS	12 SOUTH LIME AVE	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MCCALLUM, DALE	
STREET ADDRESS	12 SOUTH LIME AVENUE	
CITY-ST-ZIP	SARASOTA, FL 00000	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	107 S. Osprey Ave., Suite 200	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	107 S. Osprey Ave., Suite 200	
CITY-ST-ZIP	Sarasota, FL 34236	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2001

Date

941-366-9686

Daytime Phone #

CR2E034 (10/00)

0411371

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90012 024 ***150.00

00000627



DO NOT WRITE IN THIS SPACE