## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # 547550** Aug 08, 2000 8:00 am Secretary of State 1. Entity Name THE BIG APPLE OF SARASOTA SQUARE, INC. 08-08-2000 90092 018 \*\*\*150.00 Principal Place of Business Mailing Address 2956 CAPTIVA DRIVE **BIG APPLE OF SARASOTA** P O BOX 15245 P.O. BOX 18923 SARASOTA FL 34277 SARASOTA FL 34276 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1300924 Not Applicable Zip Country Zin Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOXER, BENJAMIN Street Address (P.O. Box Number is Not Acceptable) 2956 CAPTIVA DRIVE SARASOTA FL 34231 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (Spe criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE Change BOXER, BENJAMIN NAME NAME STREET ADDRESS 2956 CAPTIVA DR. STREET ADDRESS CITY-ST-ZIP SARASOTA, FLORIDA 00000 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BOXER, JANET NAME NAME 2956 CAPTIVA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FLORIDA 00000 CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 true side empowered 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 a lddress, with all other like empowered.

Daytime Phone #

AHACHMENS #547550 A0071929

Jan K. Platenius 5031 Circled Oak Drive Sarasota, FL 34233 (941) 922-5174

Florida Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

July 25, 2000

Re: Big Apple of Sarasota 59-1300924

To whom it may concern:

I am writing to you in regards to the <u>second notice</u> of 2000 Uniform Business Report. This is the first notice I have received and also the first notice that my client has received. His accountant was in the hospital the first part of the year in critical condition. He did get better and then in April died in a car accident. I have called your office in regards to this and I am sending you a check in the amount of \$150.00 as instructed with this explanation.

I do appreciate your consideration in this matter. Please feel free to contact me if I can be of further assistance. Thank you.

Sincerely,

Jan K. Platenius, Accountant