

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 570585

1. Entity Name

SARAGAR DEVELOPEMENT CORP.

FILED  
00 MAY 18 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

7211 St. John's Way  
University Park, FL  
34201

Mailing Address

7211 St. John's Way  
University Park, FL  
34201

2. Principal Place of Business

7211 St. John's Way

Suite, Apt. #, etc.

3. Mailing Address

7211 St. John's Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

University Park FL 34201

Zip  
34201

Country  
USA

City & State

University Park FL

Zip

34201

Country  
USA

4. FEI Number

59-1842054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

William R. Garden  
7211 St. John's Way  
University Park, FL 34201

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 of, typed or printed name of registered agent and title if applicable.

William R. Garden

(NOTE: Registered Agent signature required when reinstating)

DATE

5-16-00

8. 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SP

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

WILLIAM R. GARDEN

Date

941-358-8878

Daytime Phone #

CR2E034 (9/99)