

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 606005

1. Entity Name

CARNES MANAGEMENT, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90035 022 \*\*\*150.00

Principal Place of Business

Mailing Address

1408 N.W. 6TH ST  
GAINESVILLE FL 32601  
US

1408 N.W. 6TH ST  
GAINESVILLE FL 32601-4020  
US

2. Principal Place of Business

1330 NW 6th Street

3. Mailing Address

1330 NW 6th Street

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Gainesville, Fl.

City & State

Gainesville, Fl.

4. FEI Number

58-1346926

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

SAIER, FRANK P.  
1330 N.W. 6TH ST. STE. B  
P. O. DRAWER 1168  
GAINESVILLE FL

Name

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

3426 NW 43rd Street, Suite B

City Gainesville,

FL

Zip Code 32606

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 Frank P. Saier

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

(NOTE: Registered Agent signature required when reinstating)

4-03-00

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 PTD  
STREET ADDRESS CARNES, JIMMY  
CITY-ST-ZIP 2719 NE 24TH WAY  
GAINESVILLE, FL 00000

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS SAIER, FRANK P.  
CITY-ST-ZIP 1330 13TH N.W. 6TH ST.  
GAINESVILLE FL

TITLE ☒ Change ☐ Addition  
NAME S  
STREET ADDRESS Saier, Frank P.  
CITY-ST-ZIP 3426 NW 43rd Street, Suite B  
Gainesville, Fl. 32606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4-01-00

Date

(352) 336-6915

Daytime Phone #

CR2E034 (9/99)