2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **762060** May 30, 2000 8:00 am Secretary of State SARASOTA HAMFEST, INC. 05-30-2000 90005 012 ****61.25 Principal Place of Business Mailing Address POST OFFICE BOX 3182 POST OFFICE BOX 3182 SARASOTA FL 34230 SARASOTA FL 34230-3182 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0192133 Not Applicable \$8.75 Additional Zip Ζip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MARTIN, WILLIAM E. 1870 BAHIA VISTA ST SARASOTA FL 34239 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE Change TITLE □ Delete NAME MARTIN, WILLIAM E. NAME STREET ADDRESS STREET ADDRESS 1870 BAHIA VISTA ST. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 👿 Change ☐ Addition ☐ Delete TITLE vivia Martin TITLE NAME CECIL, SIPMA NAME 1870 Bahia Uusta St STREET ADDRESS STREET ADORESS 329 CORNELUAG CIRCLE Sarasota, A. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Delete ☐ Change ☐ Addition ŤITLE TITLE CAMPBELL, HEATHER NAME NAME STREET ADDRESS STREET ADDRESS 329 E CORNELIUS CIR CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL UD Gerry Bloch 7338 Shepard St. **C**hange ☐ Addition ☐ Delete TITI F NAME SIPMA, ELSIE NAME STREET ADDRESS STREET ADDRESS 329 E CORNELIUS CIR Sarasota, Fl. 34243 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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

NAME OF SIGNING OFFICER OR DIRECTOR

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: