

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 828310

1. Entity Name

AVATAR UTILITIES INC.

Principal Place of Business

4837 SWIFT RD.
SUITE 100
SARASOTA FL 34231

Mailing Address

4837 SWIFT RD.
SUITE 100
SARASOTA FL 34231-5157

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-1582615

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, GERALD S
4837 SWIFT RD.
SUITE 100
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

TITLE	PDC	<input type="checkbox"/> Delete
NAME	ALLEN, GERALD S	
STREET ADDRESS	4837 SWIFT RD., #100	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MURPHY, MICHAEL	
STREET ADDRESS	4837 SWIFT RD., #100	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	GETMAN, DENNIS J.	
STREET ADDRESS	201 ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHUBBUCK, ANITA J	
STREET ADDRESS	4837 SWIFT RD #200	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELFER, GERALD D	
STREET ADDRESS	201 ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, MICHAEL E	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4837 SWIFT RD #100	
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

Gerald S. Allen

March 24, 2000

941-925-3088

Date

Daytime Phone #

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90029 001 ***317.50

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DO NOT WRITE IN THIS SPACE

CD05024 / 01/00