

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F04575

1. Entity Name

MARTIN & GLASER, CHARTERED

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90026 020 \*\*\*550.00

Principal Place of Business

2014 4TH ST  
SARASOTA FL 34237-4304  
US

Mailing Address

C/O PETER W. MARTIN, CHARTERED  
P O BOX 49257  
SARASOTA FL 34230-6257  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2039064

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FARMER, BILLIE J.  
2014 FOURTH STREET  
SARASOTA FL 34237

Name

WHITNEY C GLASER

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

2014 4th St

City

SARASOTA

FL

Zip Code

34237-4304

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

*Whitney C Glaser*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME MARTIN, PETER W  
STREET ADDRESS 3118 DICK WILSON DRIVE  
CITY-ST-ZIP SARASOTA FL 34240

TITLE DS ☐ Change ☒ Addition  
NAME Whitney C Glaser  
STREET ADDRESS 2014 4th St  
CITY-ST-ZIP Sarasota FL 34237-4304

TITLE ~~WHITNEY C GLASER~~ ☐ 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

TITLE ☐ Delete  
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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

Date

Daytime Phone #

CR2E034 (9/99)