

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F64544

1. Entity Name
BINDER & ASSOCIATES, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90149 035 ***550.00

Principal Place of Business

820 S. TAMiami TR.
OSPNEY FL 34229

Mailing Address

820 S. TAMiami TR.
OSPNEY FL 34229

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2163817

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BINDER, CARL E
22 INLETS BLVD.
NOKOMIS FL 34275

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BINDER, CAROL A
22 INLETS BLVD.
NOKOMIS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BINDER, CARL E
22 INLETS BLVD.
NOKOMIS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

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:

Carl E. Binder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-2000
Date

941-966-7491
Daytime Phone #

CR2E034 (5/00)

Attachment
FL64544
D0085415

BINDER & ASSOCIATES, INC.
820 SOUTH TAMiami TRAIL
OSPREY, FL. 34229
(941) 966-7491

September 7, 2000

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P. O. BOX 1500
TALLAHASSEE, FL. 32303-1500

Dear Sir,

We are sorry this is late this year. We have had a bad year and this was overlooked for payment when it was first due. We were home caring my elderly father who passed away on August 7, 2000. My husband's Mother also passed away.

If you could see your way clear to please forgive the penalty and refund the difference of \$400.00 we would be deeply thankful.

If you would check our records, you will see that we have always paid this in a timely-manner.

Thank you for your consideration.

BINDER & ASSOCIATES, INC.

Carol A. Binder, Sec.

Carol A. Binder, Sec.