

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90113 021 ***150.00

DOCUMENT # F93000004116

1. Entity Name

YARCHAN & GLADSTONE COMPANIES, INC.

Principal Place of Business

5721 CORTEZ RD W
 BRADENTON FL 34210
 US

Mailing Address

5721 CORTEZ RD
 BRADENTON FL 34210-2702
 US

2. Principal Place of Business

7105 WESTMORELAND DR

3. Mailing Address

7105 WESTMORELAND DR

Suite, Apt. #, etc.

SARASOTA, FL

Suite, Apt. #, etc.

SARASOTA, FL

City & State

City & State

Zip

34243

Country

USA

Zip

34243

Country

USA

6. Name and Address of Current Registered Agent

YARCHAN, WADE
7105 WESTMORELAND DR
SARASOTA FL 34243

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	DCPT	<input type="checkbox"/> Delete
NAME	YARCHAN, WADE ANTHONY	
STREET ADDRESS	7105 WESTMORELAND DR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	DVCS	<input type="checkbox"/> Delete
NAME	GLADSTONE, BRIAN KEITH	
STREET ADDRESS	7105 WESTMORELAND DR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GLADSTONE, BRIAN KEITH	
STREET ADDRESS	7105 WESTMORELAND DR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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

Date

Daytime Phone #

3/15/00 941 355-5665

CR2E034 (9/99)