

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005394

1. Entity Name

ATHCO, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90020 011 \*\*\*150.00

Principal Place of Business

7570 COMMERCE COURT  
SARASOTA FL 34243

Mailing Address

7570 COMMERCE COURT  
SARASOTA FL 34243-3217

2. Principal Place of Business

1009 Tallevast Rd

Suite, Apt. #, etc.

3. Mailing Address

1009 Tallevast Rd

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota, FL

Zip

34243

Country

U.S.

Zip

34243

Country

U.S.

4. FEI Number

22-2435233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERGER, DAVID  
7570 COMMERCE COURT  
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

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

c/o Athco, Inc.

1009 Tallevast Rd.

City Sarasota

FL

Zip Code

34243

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 PCD  
NAME BERGER, DAVID  
STREET ADDRESS 7570 COMMERCE COURT  
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE CEO  
NAME GOLDMAN, STUART  
STREET ADDRESS 49 VALLEY ROAD  
CITY-ST-ZIP OLD WESTBURY NY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
c/o Athco, Inc., 1009 Tallevast Road  
Sarasota, FL 34243

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

TITLE S  
NAME Dolly Lundsten  
STREET ADDRESS c/o Athco, Inc., 1009 Tallevast Rd.  
CITY-ST-ZIP Sarasota, FL 34243 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00

941-351-1600

CR2E034 (9/99)