

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G04455

1. Entity Name

SARASOTA FINANCIAL SERVICES, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90167 027 \*\*\*150.00

Principal Place of Business

Mailing Address

2447 BEE RIDGE ROAD  
 SARASOTA FL 34239  
 US

2447 BEE RIDGE ROAD  
 SARASOTA FL 34239-6304  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4123 Bee Ridge Road  
 Suite, Apt. #, etc.

3. Mailing Address

4123 Bee Ridge Road  
 Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

59-2224987

Applied For

Not Applicable

Zip

Country

34233

US

Zip

Country

34233

US

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

SCHEIBNER, T R  
 2447 BEE RIDGE ROAD  
 SARASOTA FL 34239

Name

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

4123 Bee Ridge Road

City

Sarasota

FL

Zip Code

34233

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
 NAME SCHEIBNER, THOMAS  
 STREET ADDRESS 4566 SPRING FLOWER COURT  
 CITY-ST-ZIP SARASOTA, FL 00000 ☐ Delete

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

TITLE VS  
 NAME SCHEIBNER, REBECCA  
 STREET ADDRESS 4566 SPRING FLOWER COURT  
 CITY-ST-ZIP SARASOTA, FL 00000 ☐ Delete

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  
 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  
 NAME  
 STREET ADDRESS  
 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 #

Rebecca L. Scheibner / 4/27/00 941-922-4002

CR2E034 (9/99)