

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G77244**

1. Entity Name

SIRDAR HOLDING COMPANY, INC.

Principal Place of Business

Mailing Address

**2203 US 27 N.
LAKE PLACID FL 33852**

**2203 US 27 N.
LAKE PLACID FL 33852-6023**

2. Principal Place of Business

1135 Peach Tree Drive

3. Mailing Address

401 Dal Hall Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Placid, Florida

City & State
Lake Placid, Florida

4. FEI Number **59-2381074**

Applied For
Not Applicable

Zip
33852

Country
USA

Zip
33852

Country
USA

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

**SHEEHAN, J. TIMOTHY
325 CENTRAL AVE.
LAKE PLACID FL 33852**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BHULLAR, K S 325 CENTRAL AVE. LAKE PLACID FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BHULLAR, A S 325 CENTRAL AVE. LAKE PLACID FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEEHAN, J. TIMOTHY 325 CENTRAL AVE. LAKE PLACID FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

J. Timothy Sheehan
J. TIMOTHY SHEEHAN, Secretary

2-18-00

Date

(863) 465-1551

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

SWAINE, HARRIS, SHEEHAN & MCCLURE, P.A.
ATTORNEYS AT LAW

BERT J. HARRIS, III
J. MICHAEL SWAINE
J. TIMOTHY SHEEHAN
JOHN K. MCCLURE
KIMBERLY L. SAPP

PLEASE REPLY TO:
LAKE PLACID
SEBRING



February 18, 2000

425 SOUTH COMMERCE AVENUE
SEBRING, FL 33870-3702
(863) 385-1549
FAX: (863) 471-0008
E-MAIL shsmLaw@ct.net

401 DAL HALL BLVD.
LAKE PLACID, FL 33852-6561
(863) 465-2811
FAX: (863) 465-6999
E-MAIL lplaw@ct.net

*Attachment
00024553
HG77244*

Division of Corporations
Annual Reports Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500