

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H15087

1. Entity Name

FERRENTINO & SON, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90014 003 ***150.00

Principal Place of Business

555 S.W. 72ND LANE
OCALA FL 34478
US

Mailing Address

P.O BOX 5758
OCALA FL 34478-5758
US

2. Principal Place of Business

434 SW 14TH STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

4. FEI Number

59-2467162

Applied For

Not Applicable

Zip

34474

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERRENTINO, BARBARA A
555 S.W. 72ND LANE
OCALA FL 34478

7. Name and Address of New Registered Agent

Name

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

434 SW 14TH ST.

City

OCALA

FL

Zip Code
34474

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

BARBARA A. FERRENTINO

PRESIDENT

3/20/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

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	D	<input type="checkbox"/> Delete
NAME	BENNETCH, SUZANNE E	
STREET ADDRESS	12595 NE HWY 315	
CITY-ST-ZIP	FT MCCOY FL 32134	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRENTINO, CATHY	
STREET ADDRESS	2029 58TH LN N	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FERRENTINO, EDWARD	
STREET ADDRESS	555 SW 72ND LANE	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRENTINO, NICOLE	
STREET ADDRESS	555 SW 72ND LANE	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OWENS, BRADLEY	
STREET ADDRESS	6584 S.E. 89TH STREET	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEPHEN, THOMAS	
STREET ADDRESS	3245 SW 46TH AVE	
CITY-ST-ZIP	OCALA FL 34474	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	434 SW 14TH ST.	
CITY-ST-ZIP	OCALA, FL. 34474	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORT, NICOLE	
STREET ADDRESS	5020 SE 107TH ST.	
CITY-ST-ZIP	BELLEVIEW, FL. 34420	
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:

BARBARA A. FERRENTINO

3/20/00

Date

(352) 237-8800

Daytime Phone #

CR2E034 (9/99)