

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90007 040 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # H40790
 1. Entity Name
K. BENTLEY INVESTMENTS, INC.

Principal Place of Business 5280 EVERWOOD RUN SARASOTA FL 34235 US	Mailing Address P O BOX 6207 SARASOTA FL 34278-6207 US
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2. Principal Place of Business 3990 LYNDBURST COURT	3. Mailing Address P.O. BOX 6207
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA, FL.	City & State SARASOTA, FL.	4. FEI Number 59-2491201	Applied For <input type="checkbox"/> Not Applicable
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Zip 34V35-241V	Country SARASOTA	Zip 34V78	Country SARASOTA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ELMAN, BENJAMIN
5480 EVERWOOD RUN
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3990 LYNDBURST COURT

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 _____ (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	PDT ELMAN, BENJAMIN 5280 EVERWOOD RUN SARASOTA FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELMAN, KAY 5280 EVERWOOD RUN SARASOTA FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	3990 LYNDBURST COURT SARASOTA, FL. 34V35-241V	<input checked="" 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

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: BENJAMIN ELMAN 3/30/00 941-344-9595
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #