

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J06246

1. Entity Name

B. J. OF SARASOTA, INC.

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

03-06-2000 90120 021 ***150.00

Principal Place of Business

9724 ROSARIO DRIVE
 PARRISH FL 34219
 US

Mailing Address

9724 ROSARIO DRIVE
 PARRISH FL 34219-8314
 US

2. Principal Place of Business

8709-30TH ST. EAST

3. Mailing Address

8709-30TH ST. EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 PARRISH, FLORIDA

City & State
 PARRISH, FLORIDA

4. FEI Number 59-2654328

Applied For
 Not Applicable

Zip
 34219

Country
 USA

Zip
 34219

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

BURNSIDE, BETTY JANE
 9724 ROSARIO DRIVE
 PARRISH FL 34219

Name ~~BURNSIDE, BETTY JANE~~ SAME

Street Address (P.O. Box Number is Not Acceptable)
 8709-30TH ST. EAST

City PARRISH, FL Zip Code 34219

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 Betty Jane Burnside BETTY JANE BURNSIDE, PRES.
 Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

2/4/00
 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	PS BURNSIDE, BETTY JANE 9724 ROSARIO DRIVE PARRISH FL 34219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURNSIDE, KENT A 7322 52ND DRIVE EAST BRADENTON FL 34203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNSIDE, DEAN A 4259 ARROW AVE SARASOTA FL 34232	<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	8709-30TH ST. EAST PARRISH, FL. 34219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS ONLY
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
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: Betty Jane Burnside BETTY JANE BURNSIDE - 2/4/00 941-776-0744
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES. Date Daytime Phone #

CR2E034 (9/99)