

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90174 026 ***150.00

DOCUMENT # J82260

1. Entity Name
DANIEL FREDERICKS & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1460 MAIN STREET
SARASOTA FL 34236

1460 MAIN STREET
SARASOTA FL 34236-5788
US

2. Principal Place of Business

3. Mailing Address

511 Harbor Gate Way
 Suite, Apt. #, etc.

511 Harbor Gate Way
 Suite, Apt. #, etc.

City & State

City & State

Longboat Key, FL

Longboat Key, FL

Zip

Country

Zip

Country

34228

USA

34228

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIEDRICH, FRED R
1527 PEREGRINE POINT DRIVE
SARASOTA FL 34231

Name
Fred R. Niedrich

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

511 Harbor Gate Way

City
Longboat Key

FL **Zip Code**
34228

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 **Fred R. Niedrich, President**

4-24-00

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	<input type="checkbox"/> Delete
NAME NIEDRICH, FRED R	
STREET ADDRESS 1527 PEREGRINE POINT DR.	
CITY-ST-ZIP SARASOTA FL 34231	
TITLE VPS	<input type="checkbox"/> Delete
NAME MOSTYN-BROWN, LOUISE	
STREET ADDRESS 4106 CENTRAL SARASOTA PKWY. 1033	
CITY-ST-ZIP SARASOTA FL 34238	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 511 Harbor Gate Way	
CITY-ST-ZIP Longboat Key, FL 34228	
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 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: **Fred R. Niedrich, President** **4-24-00** **941-951-2090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)