

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K39497

1. Entity Name

MARY ANNE G. BOWIE ASSOCIATES, INC.

Principal Place of Business

1358 FRUITVILLE RD  
SARASOTA FL 34236

Mailing Address

1358 FRUITVILLE RD  
SARASOTA FL 34236-4910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0079083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

REINICKE, STEPHANIE A  
FOURNIER, PRETSCHNER & REINICKE, PA  
1800 2ND ST S803, SOUTHTRUST BANK PLAZA  
SARASOTA FL 34236

## 7. Name and Address of New Registered Agent

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

TITLE PD  
NAME BOWIE, MARY ANNE G  
STREET ADDRESS 4455 GREENWOOD STABLES ROAD  
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary Anne G. Bowie PRESIDENT

4/27/2000 (941) 951-0009

FILED  
May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90109 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)