

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90023 009 ***150.00

DOCUMENT # K68646

1. Entity Name

RIKART SOUTH, INC.

Principal Place of Business

Mailing Address

% JONATHAN HAUSBURG
3202 N TAMiami TRAIL
SARASOTA FL 34234
US

% JONATHAN HAUSBURG
3202 N TAMiami TRAIL
SARASOTA FL 34234-5860
US

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 **65-0112818**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAUSBURG, JOHN
3202 N. TAMiami TR.
SARASOTA FL 34234

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. ☐

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 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	KOPINSKI, NEIL	
STREET ADDRESS	525 NORTON DRIVE	
CITY-ST-ZIP	HARTLAND WI	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KOPINSKI, NEIL	
STREET ADDRESS	525 NORTON DRIVE	
CITY-ST-ZIP	HARTLAND WI	
TITLE	P	<input type="checkbox"/> Delete
NAME	KOPINSKI, JOHN	
STREET ADDRESS	3112 29TH AVE. EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KEHREN, MARIE E.	
STREET ADDRESS	525 NORTON DRIVE	
CITY-ST-ZIP	HARTLAND WI 53029	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	KOPINSKI, LOUIS	
STREET ADDRESS	525 NORTON DR.	
CITY-ST-ZIP	HARTLAND WI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Kopinski, Neil	
STREET ADDRESS	425 Garfield Ridge Rd	
CITY-ST-ZIP	Delafield WI 50018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, 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 #

2-3-00