

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90082 036 ***150.00

00022943

DO NOT WRITE IN THIS SPACE

DOCUMENT # K 68846

1. Entity Name
 AGRIPPA ENTERPRISES, INC.

Principal Place of Business **Mailing Address**
 11506 PIMPERNEL DR. P.O. BOX 686
 BRADENTON FL 34202 BRADENTON FL 34206

2. Principal Place of Business **3. Mailing Address**
 11506 PIMPERNEL DR. P.O. BOX 686
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 BRADENTON FL BRADENTON FL
Zip **Country** **Zip** **Country**
 34202 MANATEE 34206 34206

4. FEI Number **Applied For**
 65-0100791 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 HEBERT, ROBERT
 2905 HERMITAGE BLVD.
 VENICE FL 34292

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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	DENARO, JOHN M	
STREET ADDRESS	391 6TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	V	<input type="checkbox"/> Delete
NAME	MACAULAY, RAY	
STREET ADDRESS	988 BOULEVARD OF THE ARTS	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACAULAY, C. PATRICK	
STREET ADDRESS	988 BLVD. OF THE ARTS #610	
CITY-ST-ZIP	SARASOTA FL 34236	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: John M. Denaro **JOHN M. DENARO** **3/1/01** **(941) 741-3111**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)