

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L58204

1. Entity Name

VISIONARY INVESTORS, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90218 001 \*\*\*150.00

Principal Place of Business

Mailing Address

PO BOX 49948  
 SARASOTA FL 34230

PO BOX 49948  
 SARASOTA FL 34230-6948

2. Principal Place of Business

939 SIRUS TR.

3. Mailing Address

939 SIRUS TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 SARASOTA, FL.

City & State  
 SARASOTA, FL.

4. FEI Number 65-0178102

Applied For  
 Not Applicable

Zip  
 34232

Country  
 SARASOTA

Zip  
 34232

Country  
 SARASOTA

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

ABATE, ANTHONY J.  
 240 S PINEAPPLE  
 9TH FLOOR  
 SARASOTA FL 34236

Name  
 ANTHONY J. ABATE

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

City SARASOTA FL Zip Code 34232

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 *Anthony J. Abate* *Anthony J. Abate* 4-26-00

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 DP ☐ Delete  
 NAME ABATE, ANTHONY J.  
 STREET ADDRESS 939 SIRUS TRAIL  
 CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ST ☐ Delete  
 NAME ABATE, PATRICIA L  
 STREET ADDRESS 939 SIRUS TRAIL  
 CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00 941-364-2707

CR2E034 (9/99)