

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L66542

1. Entity Name

MELODY OF SARASOTA, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90004 026 ***150.00

Principal Place of Business

555 OSPREY AVE. SOUTH
SARASOTA FL 34236

Mailing Address

555 OSPREY AVE. SOUTH
SARASOTA FL 34236-7524

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

65-0186324

Applied For

Not Applicable

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

GUTHRIE, MELODY
543 OSPREY AVE. SOUTH
SARASOTA FL 34236

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, MELODY		NAME	
STREET ADDRESS	543 OSPREY AVE. SO.		STREET ADDRESS	1124 Oak St
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP	34236
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, MELODY		NAME	
STREET ADDRESS	543 OSPREY AVE. SO.		STREET ADDRESS	1124 Oak St
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP	34236
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sortore, Shirley		NAME	
STREET ADDRESS	713 MYRTLE AVE		STREET ADDRESS	
CITY-ST-ZIP	VENICE FL		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, MELODY		NAME	
STREET ADDRESS	543 OSPREY AVE. SO.		STREET ADDRESS	1124 Oak St
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP	34236
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/00 941-952-1010

CR2E034 (9/99)