

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L83804

1. Entity Name

SAWGRASS TOBACCONIST, INC.

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90035 022 ***150.00

Principal Place of Business

Mailing Address

12801 W SUNRISE BLVD
#563
SUNRISE FL 33323
US

7200 W CAMINO RD
STE 302
BOCA RATON FL 33433
US

2. Principal Place of Business

3. Mailing Address

7200 W. Camino Real

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0206942

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

TERRY, EUGENE
17759 LAKE ESTATES
BOCA RATON FL 33496

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 C ☐ Delete
NAME TERRY, EUGENE
STREET ADDRESS 17759 LAKE ESTATES
CITY-ST-ZIP BOCA RATON FL 33496

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

TITLE VTS ☒ Delete
NAME DRELL, KARL
STREET ADDRESS 105 DEER CREEK RD M-209
CITY-ST-ZIP DEERFIELD BCH FL 33442

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

TITLE D ☒ Delete
NAME BLUE, HAROLD
STREET ADDRESS 2535 DAVIE RD STE 110
CITY-ST-ZIP FT LAUDERDALE FL 33317

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

TITLE COO ☒ Delete
NAME WOLK, JOEL
STREET ADDRESS 5008 N FEDERAL HWY
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

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

TITLE D ☐ Delete
NAME CORRELL, ALAN
STREET ADDRESS 6291 LIONS HEAD LANE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☒ Change ☐ Addition
NAME Cornell, Alan
STREET ADDRESS 17640 Lake Estates Dr.
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LITTEN, NEAL
STREET ADDRESS 7100 QUESFERRY CIR #3420F
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☒ Change ☐ Addition
NAME Litten Neil
STREET ADDRESS 7100 Queensferry Circle
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] director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/00 (561) 417-8364

CR2E034 (9/99)