

2000 UNIFORM BUSINESS REPORT (UBR)

1672

DOCUMENT # **L87320**

1. Entity Name

STAN RISMAN G.G., INC.

FILED

00 OCT -4 AM 10:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

680 9TH ST. N.
STE. #33
NAPLES FL 33940

680 9TH ST. N.
STE. #33
NAPLES FL 33940

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

65-0236088

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

BROWN, THOMAS R.
2660 AIRPORT ROAD SOUTH
NAPLES FL 33962

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 fee application

(PDF) Registered Agent signature required when reporting

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 \$850.00

After SEPTEMBER 15, 2000 MICRON 970000
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RISMAN, STANLEY
509 ROMA CT
NAPLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

MARCH 15/00

FILE

Daytime Phone #

KE

202

Stan Risman G.G., Inc.
660 Ninth Street North
Naples, Florida 34102

August 18, 2000

Florida Department of Revenue
5050 West Tennessee Street
Tallahassee, Florida 32399-0140

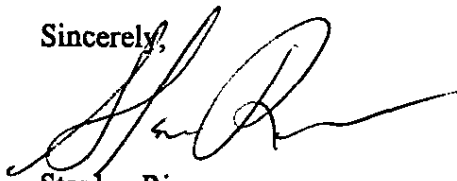
Re: Stan Risman G.G., Inc.
Corporation Annual Report

Our corporate annual report was sent to the state by our Certified Public Accountants on or about March 15, 2000. I have enclosed a receipt for the certified delivery of this report to your offices March 17, 2000. In checking our records I do not find a canceled check that was sent along with the form.

When I received the enclosed form, I realized something had gone wrong and apparently the form and check have somehow been misplaced.

I am resubmitting my check and have signed the last form that you sent and respectfully request that the penalties for reinstatement be abated.

Sincerely,



Stanley Risman