

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L88508

1. Entity Name
BRI-KOL OF BOCA GRANDE, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91291 036 ***150.00

Principal Place of Business

301 PARK AVE
STE B
BOCA GRANDE FL 33921
US

Mailing Address

P.O. BOX 1619
BOCA GRANDE FL 33921
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1575

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA GRANDE FL

Zip

Country

Zip

Country

33921

LEE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0206619

Applied For

Not Applicable

5. Certificate of Status Desired ~~YES~~ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ITTERSAGEN, SCOTT D.
1861 PLACIDA ROAD
SUITE 104
ENGLEWOOD FL 34223

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, 2001 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 DPT
NAME HENDRICKS, CLAIRE
STREET ADDRESS 5734 SANDY POINTE DR
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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 #

Claire Hendricks, President 5-7-01 941-964-3006

CR2E034 (10/00)