

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000537

1. Entity Name

SATURDAY IN THE CITY, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90048 050 ****61.25

Principal Place of Business 600 CLEVELAND ST STE 940 CLEARWATER FL 33755 US	Mailing Address 600 CLEVELAND ST STE 940 CLEARWATER FL 33755-4160 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3442890	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WINTERS, ELISE K 600 CLEVELAND ST STE 940 CLEARWATER FL 33755

7. Name and Address of New Registered Agent 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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, ROBERT P 301 HILLCREST DR N CLEARWATER FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JUNG, DUANE 197 WINDING WILLOW DR PALM HARBOR FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, PATRICIA D 301 HILLCREST DR. N CLEARWATER FL 33755 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Millie Toplin 535 Bellevue Boulevard Clearwater, FL 33756 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & President Fernandez, Patricia D 301 Hillcrest Dr. N Clearwater FL 33755 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia D. Fernandez 4/5/00 (727) 462-6657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)