

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006073

1. Entity Name

OPPORTUNITY CLOSET, INC.

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

03-03-2000 90242 046 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1844 17TH STREET SUITE 33 SARASOTA FL 34234	Mailing Address 1844 17TH STREET SUITE 33 SARASOTA FL 34234-7501
--	---

2. Principal Place of Business 3660 N. Washington Blvd. Suite, Apt. #, etc. Room 114 City & State Sarasota, Florida Zip 34234 Country USA	3. Mailing Address 3660 N. Washington Blvd. Suite, Apt. #, etc. Room 114 City & State Sarasota, Florida Zip 34234 Country USA
--	--

4. FEI Number 65-0786072	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARLE, BARBARA J 3621 WHITE SULPHUR PLACE SARASOTA FL 34232	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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARLE, BARBARA J 3621 WHITE SULPHUR PL SARASOTA FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP/T Harle, Barbara J. 3621 White Sulphur Place Sarasota, Florida 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WOELFEL, JERRY 434 LYONS BAY ROAD NOKOMIS FL 34275 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Cooper, Barbara 1168 Kingston Way Venice, Florida 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BAKER, HARRIOT 3955 VENICE AVE E VENICE FL 34292 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Eckroate, Shirley 6734 Lockwood Ridge Road S. Sarasota, Florida 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Barbara J. Harle 2-22-2000 (941) 486-2032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)