

2000 UNIFORM BUSINESS REPORT (UBR)

5/9

DOCUMENT # N99000001344

1. Entity Name

SARASOTA REVIEW OF POETRY, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-09-2000 90004 004 ****61.25

Principal Place of Business

Mailing Address

333 GIVENS ST
 SARASOTA FL 34242

333 GIVENS ST
 SARASOTA FL 34242-1342

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

☒ 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

ABEL, WILLIAM T ESQUIRE
 333 GIVENS ST
 SARASOTA FL 34242

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert R Abel - President 333 Givens St. Sarasota, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William T. Abel, VP 333 Givens St. Sarasota, FL 34242	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Taylor D. Abel, Treasurer 584 Warmora Ave Tampa, FL 33606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Esther H. Abel - Secretary 584 Warmora Ave Tampa, FL 34242	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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: WILLIAM T. ABEL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 941-963.3339
 Date Daytime Phone #

CR2E037 (9/99)