

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**  
 02-20-2002 90104 009 \*\*\*150.00

05150200 AV

**DOCUMENT # P00000008678**

1. Entity Name

FTU, INC.

Principal Place of Business

2616 STICKNEY PT RD  
 SARASOTA FL 34231

Mailing Address

PO BOX 2618  
 SARASOTA FL 34230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0988986

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, MARVIN  
 431 SOUTH CREEK DR  
 OSPREY FL 34229

7. Name and Address of New Registered Agent

Name **MARVIN KAPLAN**

Street Address (P.O. Box Number is not Acceptable)  
**7697 COVE TERRACE**

City **SARASOTA**

FL

Zip Code **34231**

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, 2002 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

TITLE **PT** ☐ Delete  
 NAME **DERVIZ, DANE**  
 STREET ADDRESS **5662 COUNTRY WALK LANE**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **VP** ☐ Delete  
 NAME **KAPLAN, MARVIN**  
 STREET ADDRESS **431 S CREEK DR**  
 CITY-ST-ZIP **OSPREY FL 34229**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Change ☐ Addition  
 NAME **DERVIZ, DANE**  
 STREET ADDRESS **5662 COUNTRY WALK**  
 CITY-ST-ZIP **SARASOTA, FL 34223**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **MARVIN KAPLAN**  
 STREET ADDRESS **7697 COVE TERRACE**  
 CITY-ST-ZIP **SARASOTA, FL 34231**

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

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

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

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 REQUIRED**  
**DANE P. DERVIZ**

1/8/02

941-356-7042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)