

2001 UNIFORM BUSINESS REPORT (UBR)

05-24-2001 15:53:22 025 *** 150.00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 AUG 23 AM 11:57

553472

DO NOT WRITE IN THIS SPACE

DOCUMENT #

P00000037706

1. Entity Name:

KARUN INVESTMENTS, INC.

P000000 37706

Principal Place of Business

5252 S. Tamiami Trail
 Sarasota, FL 34231

Mailing Address

5252 S. Tamiami Trail
 Sarasota, FL 34231

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

65-0999022

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Kalin, Edward L.
 5252 S. Tamiami Trail
 Sarasota, FL 34231

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 re-registering)

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

TITLE D
 NAME BAND, DAVID S.
 STREET ADDRESS 240 S. Pineapple Avenue - 10th Floor
 CITY-STATE-ZIP Sarasota, FL 34236

☐ Delete

TITLE D
 NAME Gade, Arun
 STREET ADDRESS 220 22nd Street N.E.
 CITY-STATE-ZIP Bradenton, FL 34208

☒ Delete

TITLE D
 NAME Kalin, Edward L.
 STREET ADDRESS 5252 S. Tamiami Trail
 CITY-STATE-ZIP Sarasota, FL 34231

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-STATE-ZIP

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 CITY-STATE-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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 CITY-STATE-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated in this report or supplemental report is true and accurate and that no 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 807, 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 (DIRECTOR)

David S. Band, Director

Date

Daytime Phone

4/16/01 (941) 366-6660

CR2E034 (11/00)

SP