

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90068 001 ***150.00

DOCUMENT # P00000039246

1. Entity Name

KABEL OF SARASOTA, INC.

Principal Place of Business

**1952 FIELD RD.
 SARASOTA FL 34231**

Mailing Address

**1952 FIELD RD.
 SARASOTA FL 34231**

2. Principal Place of Business

100 Wallace Avenue

Suite, Apt. #, etc.

Suite 100

City & State

Sarasota, FL

Zip

34237

Country

Sarasota

3. Mailing Address

100 Wallace Avenue

Suite, Apt. #, etc.

Suite 100

City & State

Sarasota, FL

Zip

34237

Country

Sarasota



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1014144

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

DAVID D. BONE, P.A.

1952 FIELD RD.

SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

David D. Bone

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

100 Wallace Avenue

Suite 100

City

Sarasota

FL

Zip Code

34237

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 **D** ☐ Delete
 NAME **CLAUSSEN, KARL**
 STREET ADDRESS **1952 FIELD RD. 100 Wallace Ave Suite 100**
 CITY-ST-ZIP **SARASOTA FL 34231 34237**

TITLE **D** ☐ Delete
 NAME **CLAUSSEN, BAERBEL**
 STREET ADDRESS **1952 FIELD RD. 100 Wallace Ave Suite 100**
 CITY-ST-ZIP **SARASOTA FL 34231 34237**

TITLE **D** ☐ Delete
 NAME **CLAUSSEN, JOCHEN**
 STREET ADDRESS **100 Wallace Avenue Suite 100**
 CITY-ST-ZIP **Sarasota FL 34237**

TITLE **D** ☐ Delete
 NAME **CLAUSSEN, GREGOR**
 STREET ADDRESS **100 Wallace Avenue Suite 100**
 CITY-ST-ZIP **Sarasota, FL 34237**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)