

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081449

1. Entity Name

BENEVA ENTERPRISES, INC.

Principal Place of Business

6980 BENEVA ROAD
SARASOTA FL 34238

Mailing Address

6980 BENEVA ROAD
SARASOTA FL 34238

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

65-1035100

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

CONFORTI, ARTHUR F
6980 BENEVA ROAD
SARASOTA FL 34238

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CONFORTI, ARTHUR F
STREET ADDRESS 6980 BENEVA ROAD
CITY-ST-ZIP SARASOTA FL 34238

☐ Change ☐ Addition
300004569003--6
-09/05/01--01013--012
****150.00 ****150.00

TITLE D ☐ Delete
NAME CONFORTI, DONNA
STREET ADDRESS 6980 BENEVA ROAD
CITY-ST-ZIP SARASOTA FL 34238

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-01

Date

941.923-7401

Daytime Phone #

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APPROVED
AND
FILED

01 AUG 15 AM 3:31

SECRETARY OF STATE
TALLAHASSEE, FL 32399



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

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BENEVA ENTERPRISES, INC
6980 Beneva Road
Sarasota, FL 34238

August 17, 2001

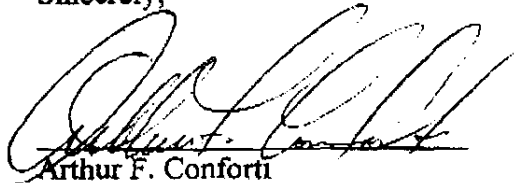
Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: **Beneva Enterprises, Inc.**

Dear Sir and Madam:

The purpose of this letter is to request from your office the waiver of any late fees in connection with the late filing of the **enclosed** 2001 UBR Report. The reason that the report was not filed timely was that the report was not received by our company prior to the filing deadline. Therefore, I ask that your office waive any penalties and late fees with respect to the late filing of this report. I have **enclosed** a check in the amount of \$150.00 made payable to the Department of State for the filing of this 2001 UBR Report. Thank you very much for your consideration of this matter.

Sincerely,



Arthur F. Conforti
President and Director

CCRS,
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 8-16-01

REF. #: 0399.1378

CORP. NAME: BENEVA ENTERPRISES, INC.

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input checked="" type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

STATE FEES PREPAID WITH CHECK# 111 FOR \$ 150.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

RECEIVED
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
2001 AUG 16 AM 10:19
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
X