

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23715

1. Entity Name

787718 ONTARIO INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90095 021 ***150.00

Principal Place of Business

Mailing Address

CONNOR CLARK TRUST
40 KING ST W #5110
TORONTO ONTARIO M5H3Y2 CANAD

CONNOR CLARK TRUST
40 KING ST W #5110
TORONTO CA M5
US

2. Principal Place of Business

3. Mailing Address

CONNOR CLARK TRUST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

40 KING ST W # 5110

City & State

City & State

TORONTO, ONTARIO

Zip

Country

Zip

Country

M5H 3Y2

CANADA

4. FEI Number

NOT APPLICABLE

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

WHITE, JOHN III
1645 PALM BEACH LAKES BLVD
SUITE 1200
WEST PALM BEACH FL 33401

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BAINBRIDGE, DONALD C.
STREET ADDRESS RR 2 COMP 300
CITY-ST-ZIP SHANTY BAY, ON. L0L 2L0

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

TITLE SD ☐ Delete
NAME BAINBRIDGE, SHIRLEY A.
STREET ADDRESS RR2 COMP 300
CITY-ST-ZIP SHANTY BAY, ON. L0L 2L0

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

TITLE ☐ Delete
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 27/00 (416) 867-9204
Date Daytime Phone #

CR2E034 (9/99)