

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000004475

1. Entity Name

BELLE HAVEN, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90017 033 ***150.00

Principal Place of Business

1133 4TH STREET
SARASOTA FL 34236

Mailing Address

1133 4TH STREET
SARASOTA FL 34236-4870

2. Principal Place of Business

1133 Fourth St.

3. Mailing Address

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Same

Zip

34236

Country

Sarasota

Zip

Country

4. FEI Number

65-0379294

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

SANCHEZ, ALBERT A JR.
1133 4TH STREET
SARASOTA FL 34236

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 D ☐ Delete
NAME SANCHEZ, CAROLYN E
STREET ADDRESS 531 N. SPOONBILL DRIVE
CITY-ST-ZIP SARASOTA FL 34236

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

TITLE V ☐ Delete
NAME BLUMBERG, JERRY
STREET ADDRESS 1133 FOURTH ST
CITY-ST-ZIP SARASOTA FL

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

TITLE ☐ Delete
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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 changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941)366-1001