

2000 UNIFORM BUSINESS REPORT (UBR)

4/.

DOCUMENT # P93000010879

1. Entity Name

PANACHE MAGAZINE INCORPORATED

FILED
May 08, 2000 8:00 am
Secretary of State

04-03-2000 90112 003 ***150.00

Principal Place of Business

Mailing Address

540 PAYNE PARKWAY
SARASOTA FL 34237PO BOX 3319
SARASOTA FL 34230-3319
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BETZ, B. P
540 PAYNE PARKWAY
SARASOTA FL 34237Betz B. Phyllis
850 S. Tamiami Trail
#526
Sarasota, FL 34236Name Betz B. Phyllis
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 20277

City Sarasota FL Zip Code 34276

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

TITLE DP
 NAME BETZ, PHYLLIS B
 STREET ADDRESS 850 S. TAMiami TRAIL APT #526
 CITY-ST-ZIP SARASOTA FL 34237 34236 ☐ Delete

TITLE DV
 NAME WEBSTER, JUDY C
 STREET ADDRESS 2339 RIVERWOOD PINES DR
 CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

TITLE D
 NAME KEYWORTH, JACK
 STREET ADDRESS 4385 INDEPENDENCE COURT
 CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE D
 NAME MATARESE, MARNIE
 STREET ADDRESS PO BOX 9256 N/A
 CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)