

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060130

1. Entity Name

BELL OF SARASOTA, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90015 010 ***150.00

| | |
|--|---|
| Principal Place of Business 250 N TUTTLE AVE SARASOTA FL 34237 | Mailing Address 250 N TUTTLE AVE SARASOTA FL 34237-5229 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

| | |
|------------------------------------|--|
| 4. FEI Number 65-0433063 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

| | | | | | |
|-----|---------|-----|---------|--|--|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required <input type="checkbox"/> |
|-----|---------|-----|---------|--|--|

6. Name and Address of Current Registered Agent

GLENDINNING, RENE M
 1858 RINGLING BLVD
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State: 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | | | |
|--|---|---|-----------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|-----------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BELL, DONALD M 250 TUTTLE AVE SARASOTA FL 34237 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT BELL, ANNE C 250 TUTTLE AVE SARASOTA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DRUMMOND, ELAINE 250 N TUTTLE AVE SARASOTA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DRUMMOND, DAVID 250 TUTTLE AVE SARASOTA FL 34237 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DRUMMOND, STEPHEN 250 TUTTLE AVE SARASOTA FL 34237 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DRUMMOND, FIONA 250 TUTTLE AVE SARASOTA FL 34237 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Donald M Bell P.T.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E014 (9/97)