

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077725

1. Entity Name

CABOT INVESTMENT ASSOCIATES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90222 043 ***150.00

Principal Place of Business
406 SARASOTA QUAY
SARASOTA FL 34236

Mailing Address
PO BOX 1460
NOKOMIS FL 34274-1460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0449266**

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

LAUDENSLAGEN, JOHN
1029 DELACOX CIRCLE
NOKOMIS FL 34275

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	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REUTTER, THOMAS		NAME		
STREET ADDRESS	406 SARASOTA QUAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDER, ERIC		NAME		
STREET ADDRESS	406 SARASOTA QUAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARDONE, MARK		NAME		
STREET ADDRESS	406 SARASOTA QUAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REUTTER, RICHARD		NAME		
STREET ADDRESS	406 SARASOTA QUAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	WILLIAM D. NIVEN	
STREET ADDRESS			STREET ADDRESS	406 SARASOTA QUAY	
CITY-ST-ZIP			CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4292
Date Daytime Phone #

CR2E034 (9/99)