

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000019139

1. Entity Name
11 HIGH STREET, INC.

Principal Place of Business

11 HIGH STREET
SUFFIELD CT 06078

Mailing Address

PO BOX 182
LUDLOW VT 05149-0182
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

169 GODFREY RD., Ludlow, Vt.

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HAUSLER, GARY
950 N COLLIER BLVD
SUITE 202
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

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

TITLE
NAME
ST
BERRIERA, KELLY
8 GARDEN PKWY
NORWOOD MA 02062 ☐ Delete

TITLE
NAME
P
GLYNN, BRIAN R
1689 VILLA CT
MARCO ISLAND FL 34145 ☐ Delete

TITLE
NAME

☐ Delete

TITLE
NAME

☐ Delete

TITLE
NAME

☐ Delete

TITLE
NAME

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

☐ Change ☐ Addition

TITLE
NAME

☐ Change ☐ Addition

TITLE
NAME

☐ Change ☐ Addition

TITLE
NAME

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TITLE
NAME

☐ 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: Brian R Glynn BRIAN R GLYNN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

802-228 8794

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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

05-15-2000 90132 001 ***150.00

05-15-2000 90132 002 *****8.75

CR2E034 (9/99)