

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047859

1. Entity Name
FIRST STREET PROPERTIES, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90097 050 ***550.00

Principal Place of Business

% 1000 PINEBROOK ROAD
P.O. BOX 2006
VENICE FL 34284-2006
US

Mailing Address

% 1000 PINEBROOK ROAD
P.O. BOX 2006
VENICE FL 34284-2006
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0501956**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MCCURDY, JEFFREY
TWO N. TAMiami TrL
STE 410
SARASOTA FL 34236

Name
Victoria H. Pflug, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1000 Pinebrook Rd.

City **Venice** **FL** Zip Code **34292**

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 Victoria H. Pflug Victoria H. Pflug 7-19-00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PTD** ☒ Delete
NAME **GRIFFIN, WILLIAM D**
STREET ADDRESS **TWO N. TAMiami TrL- STE 410**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **PS** ☐ Change ☒ Addition
NAME **Buckley, Stephen W.**
STREET ADDRESS **1515 Broadway**
CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE **VS** ☒ Delete
NAME **MCCURDY, JEFFREY**
STREET ADDRESS **TWO N. TAMiami TrL- STE 410**
CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE ☐ Delete
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (5/00)