

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051613

1. Entity Name

CANOE BROOK CIRCLE 23, INC.

FILED

Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90082 044 ***150.00

Principal Place of Business
10326
10326 CANOE BROOK CIR
BOCA RATON FL 33498

Mailing Address
10326
10326 CANOE BROOK CIR
BOCA RATON FL 33498-4605

00005707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10326 Canoebrook Circle
Suite, Apt. #, etc.

10326 Canoebrook Circle
Suite, Apt. #, etc.

City & State
Boca Raton, Fl 33498-

City & State
Boca Raton, Fl 33498-

4. FEI Number 65-0519251

Applied For
Not Applicable

Zip 33498-4605
Country 4605

Zip 33498-4605
Country 4605

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

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

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

JAN 14, 2000

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 NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, HENRY 10326 CANOE BROOK CIR BOCA RATON 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 BLUM, DOROTHY 10339 CANOE BROOK CIR BOCA RATON FL 33498	<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 DENEFFE, HORST L 10434 CANOE BROOK CIR BOCA RATON FL 33498	<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 CARRATELLI, ROBERT 10398 CANOE BROOK CIRCLE BOCA RATON 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 LANGER, SOL 10357 CANOE BROOK CIRCLE BOCA RATON 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 HOFFMAN, RALPH 10356 CANOE BROOK CIRCLE BOCA RATON FL	<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:

Henry Holt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 14, 2000

561
4883222
Daytime Phone #

CR2E034 (9/99)