

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074927

1. Entity Name

THE BOTTNER CORP.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90060 032 ***150.00

Principal Place of Business

Mailing Address

5205 S JULES VERNE CT
TAMPA FL 33611
US

5205 S JULES VERNE CT
TAMPA FL 33611-4142
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3272559

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

BOTTNER, ANDREW
5205 S JULES VERNE CT
TAMPA FL 33611

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 P ☒ Delete
NAME BOTTNER, HAROLD
STREET ADDRESS 14 INDIAN HILL RD
CITY-ST-ZIP NEW ROCHELLE NY 10804

TITLE PRESIDENT ☒ Change ☐ Addition
NAME ANDREW BOTTNER
STREET ADDRESS 5205 S. JULES VERNE CT
CITY-ST-ZIP TAMPA, FL 33611

TITLE VP ☒ Delete
NAME BOTTNER, ANDREW
STREET ADDRESS 5205 S JULES VERNE CT
CITY-ST-ZIP TAMPA FL 33611

TITLE V.P. ☐ Change ☒ Addition
NAME JANE BOTTNER
STREET ADDRESS 705 DRIGGS AVE
CITY-ST-ZIP BROOKLYN, NY 11211

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER ☐ Change ☒ Addition
NAME KAREN PETREE
STREET ADDRESS 1130 N INGLEWOOD ST
CITY-ST-ZIP ARLINGTON, VA 22205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANDREW BOTTNER

(813) 877-3955