

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084578

1. Entity Name

CARGOR II, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90068 020 ***158.75

Principal Place of Business

Mailing Address

4410 74TH AVE. EAST
SARASOTA FL 34243

4410 74TH AVE. EAST
SARASOTA FL 34243-5120

2. Principal Place of Business

3. Mailing Address

4832 78th Street East

4832 78th Street East

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Bradenton, FL

Bradenton, FL

Zip

Country

Zip

Country

34203

USA

34203

USA

4. FEI Number 65-0548418

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

BERUFF, CARLOS M
4410 74TH AVE. EAST
SARASOTA FL 34243

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
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BERUFF, CARLOS M
4476 ASCOT CIRCLE N
SARASOTA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
JACOBSON, MARGE
5750 MIDNIGHT PASS ORAD, UNIT 402
SARASOTA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Mr. Jake Jacobson
16 Highland Ave
Cambridge, Mass. 02139 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

941-753-6000 Ext 13

Daytime Phone #

CR2E034 (9/99)