

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

**Jan 31, 2000 08:00 AM
Secretary of State**

DOCUMENT # P96000064095

1. Entity Name
7330 S. TAMIAMI TRAIL, INC.

Principal Place of Business 7330 S. TAMIAMI TRAIL SARASOTA FL 34231	Mailing Address 7330 S. TAMIAMI TRAIL SARASOTA FL 34231
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2. Principal Place of Business 7330 S. TAMIAMI TRAIL	3. Mailing Address 7330 S. TAMIAMI TRAIL
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State SARASOTA FL	City & State SARASOTA FL
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4. FEI Number 65-0691877	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 34231	Country US	Zip 34231	Country US
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DRAKE J. KEVIN
1343 MAIN STREET

SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name SEIDEL BARRY C
Street Address (P.O. Box Number is Not Acceptable) 7330 S. TAMIAMI TRAIL
City SARASOTA FL
Zip Code 34231

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 **BARRY C. SEIDEL**

01/31/2000

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	D	<input type="checkbox"/> Delete
NAME	SEIDEL LESLYE	
STREET ADDRESS	7330 S. TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA FL	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEIDEL LESLYE		
STREET ADDRESS	7330 S. TAMIAMI TRAIL		
CITY-ST-ZIP	SARASOTA FL 34231		

TITLE	D	<input type="checkbox"/> Delete
NAME	SEIDEL BARRY C	
STREET ADDRESS	7330 S. TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEIDEL BARRY C		
STREET ADDRESS	7330 S. TAMIAMI TRAIL		
CITY-ST-ZIP	SARASOTA FL 34231		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: BARRY C. SEIDEL

DATE: 01/31/2000