

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084772

1. Entity Name

GETZEN FAMILY CORPORATION

Principal Place of Business

8871 FISHERMANS BAY DR.
SARASOTA FL 34231-6655
US

Mailing Address

8871 FISHERMANS BAY DR.
SARASOTA FL 34231-6655
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

65-0704425

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

GETZEN, JAMES W
8871 FISHERMANS BAY DR.
SARASOTA FL 34231-6655

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	DP	<input type="checkbox"/> Delete
NAME	GETZEN, WILLIAM E.	
STREET ADDRESS	1421 WESTBROOK DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GETZEN, RUTH E.	
STREET ADDRESS	1421 WESTBROOK DR.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GETZEN, LINDA R	
STREET ADDRESS	1457 LANDINGS CIR.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ALGER, SANDRA L	
STREET ADDRESS	4692 LONG LAKE DR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	DSTV	<input type="checkbox"/> Delete
NAME	GETZEN, JAMES W	
STREET ADDRESS	8871 FISHERMANS BAY DR	
CITY-ST-ZIP	SARASOTA FL 34231-6655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETZEN, WILLIAM E.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

James Getzen James Getzen Treas. 3/28/2000 941-918-1347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90110 029 ***150.00

631822



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)