

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003760

1. Entity Name
SABAS OF SARASOTA, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90024 014 ***550.00

Principal Place of Business

1406 KIMLIRA LANE
SARASOTA FL 34231

Mailing Address

1406 KIMLIRA LANE
SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

2055 WOOD STREET

Suite, Apt. #, etc.

SUITE 104

City & State

SARASOTA, FL

Zip

34237

Country

SARASOTA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0723723

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

SABA, JOHN M JR.
1406 KIMLIRA LANE
SARASOTA FL 34231

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	SABA, JOHN M SR	
STREET ADDRESS	1406 KIMLIAR LANE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SABA, MARILYN	
STREET ADDRESS	1406 KIMLIRA LANE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUNCAN, LLOYD K	
STREET ADDRESS	2193 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lloyd K. DUNCAN 7/14/00 941.366.6652

Date Daytime Phone #

CR2E034 15/00