

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006393

1. Entity Name

SM-CALUSA PALMS, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90065 043 ***150.00

Principal Place of Business

Mailing Address

351 6TH AVENUE WEST
BRADENTON FL 34205

351 6TH AVENUE WEST
BRADENTON FL 34205-8820

2. Principal Place of Business

3. Mailing Address

9021 Town Center Pkwy
Suite, Apt. #, etc.

9021 Town Center Pkwy
Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

65-0727898

Applied For

Not Applicable

Zip

34232

Country

USA

Zip

34202

Country

USA

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

GRAUS, KIMBERLY L
351 6TH AVENUE WEST
BRADENTON FL 34205

Name

GRAUS, Kimberly L.

Street Address (P.O. Box Number is Not Acceptable)

City

Bradenton

FL

Zip Code

34202

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

Kimberly L. Graus
Signature, typed or printed name of registered agent and title if applicable.

Kimberly L. Graus
(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-00

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 ☐ Delete
NAME NEWSOME, JOHN S
STREET ADDRESS 351 6TH AVENUE WEST
CITY-ST-ZIP BRADENTON FL 34205

TITLE DIP ☒ Change ☐ Addition
NAME Newsome, John S
STREET ADDRESS 9021 Town Center Pkwy
CITY-ST-ZIP Bradenton FL 34202

TITLE D ☐ Delete
NAME DOYLE, MICHAEL J
STREET ADDRESS 351 6TH AVENUE WEST
CITY-ST-ZIP BRADENTON FL 34205

TITLE DJS/TJV ☒ Change ☐ Addition
NAME Doyle, Michael J.
STREET ADDRESS 9021 Town Center Pkwy
CITY-ST-ZIP Bradenton, FL 34202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Change ☒ Addition
NAME Graus, Kimberly L.
STREET ADDRESS 9021 Town Center Pkwy
CITY-ST-ZIP Bradenton, FL 34202

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:

Kimberly L. Graus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-00 (841) 907-8788