

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013432

1. Entity Name

HAIRCRAFTERS OF BUSHNELL, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90109 018 ***150.00

Principal Place of Business

Mailing Address

SO. SUMTER PLAZA
 980 NORTH MAIN
 BUSHNELL FL 33513
 US

6900 JERICHO TURNPIKE
 SYOSSET NY 11791-4499
 US

2. Principal Place of Business

3. Mailing Address

7201 METRO BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MINNEAPOLIS, MN

4. FEI Number

11-3366239

Applied For

Not Applicable

Zip

Country

Zip

Country

55439-2103

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

GREAT EXPECTATIONS PRECISION HAIRCUTTERS O
 F UNIVERSITY MALL, INC.
 7171 N. DAVIS HIGHWAY
 PENSACOLA FL 32504

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 ☒ Delete

NAME D
 LIBERMANN, DON VON
 STREET ADDRESS 6900 JERICHO TURNPIKE
 CITY-ST-ZIP SYOSSET NY 11791

TITLE ☒ Delete

NAME D
 MARCUS, MARVIN
 STREET ADDRESS 6900 JERICHO TURNPIKE
 CITY-ST-ZIP SYOSSET NY 11791

TITLE ☒ Delete

NAME D
 BATES, LOUIS
 STREET ADDRESS 6900 JERICHO TURNPIKE
 CITY-ST-ZIP SYOSSET NY 11791

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME P/D
 PAUL FINKELSTEIN
 STREET ADDRESS 7201 METRO BOULEVARD
 CITY-ST-ZIP MINNEAPOLIS, MN 55439

TITLE ☐ Change ☒ Addition

NAME V/S/D
 BERT GROSS
 STREET ADDRESS 7201 METRO BOULEVARD
 CITY-ST-ZIP MINNEAPOLIS, MN 55439

TITLE ☐ Change ☒ Addition

NAME T
 SHRINIVAS KOLATKAR
 STREET ADDRESS 7201 METRO BOULEVARD
 CITY-ST-ZIP MINNEAPOLIS, MN 55439

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)