

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000019054**

1. Entity Name

GOLDMINE HOLDINGS OF SARASOTA, INC.**FILED****Jan 27, 2001 8:00 am**
Secretary of State

01-27-2001 90069 047 ***150.00

900404

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1766 MAIN STREET
SARASOTA FL 34236**

Mailing Address

**1766 MAIN STREET
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

2169 Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL 34237

4. FEI Number

65-0735518

Applied For

Not Applicable

Zip

Country

Zip

Country

34237-6023**Sarasota**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

**DUMBAUGH, JOHN D
SYPRETT MESHAD ET AL
1900 RINGLING BLVD
SARASOTA FL 34236**

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, 2001 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	PT	<input type="checkbox"/> Delete
NAME	LEON, JUAN	
STREET ADDRESS	1766 MAIN STREET 2423 Siesta Dr.	
CITY-ST-ZIP	SARASOTA FL 34236 Sarasota, FL 34239	

TITLE	S	<input type="checkbox"/> Delete
NAME	LEON, FELICIDAD	
STREET ADDRESS	1766 MAIN STREET 2423 Siesta Dr.	
CITY-ST-ZIP	SARASOTA FL 34236 Sarasota, FL 34239	

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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

PRESIDENT

1/15/01

Date

941-365-7938

Daytime Phone #

CR2E034 (10/00)